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FORMS, RECORDS AND REPORTS IN PERSONNEL ADMINISTRATION

EDITED BY
C. N. HITCHCOCK



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CHICAGO, ILLINOIS

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INTRODUCTORY NOTE

The purposes of this collection of forms and records are two: to suggest the type of data in the field of industrial relations which the management of a business should have at its disposal, the records necessary for its collection and some possible methods of presenting it for administrative use; and, quite incidentally, to illustrate the normal daily routine procedure of a personnel department.

For the university student of administration, the first is much the more important of the two. The main purpose of records and reports in the personnel field is—or should be—the same as that of any other kind of accounting or statistical work in industry: namely, to give the management in the most convenient and suggestive form the kind of information which will best enable it to determine policies wisely and to administer them effectively. To state the same thing in other words, personnel records should be designed in such a way as to assist the management in establishing, revising, and enforcing proper standards, and the number and character of records and reports necessary in any given case will depend on the quantity and nature of the information which the management needs to have.

This means, of course, that the best system of records and reports for one business will vary in detail—perhaps in many details—from the best system for another business. All that can be accomplished by a collection like the present one, drawn as it is from many establishments of widely different character, is to suggest some of the many kinds of information which some corporations have found necessary and various possible ways of presenting it effectively. The student is advised, however, to study the forms with an eye constantly on the chart on pages 12 and 13, suggesting a possible statistical scheme for a personnel organization, and to be asking himself continually why details called for on the routine forms are needed and how they may affect policy determination and administration.

There should be little difficulty in following the sequence of the forms illustrating routine procedure. No effort has been made to cover every conceivable requirement, but the selection is believed to be sufficiently inclusive to enable the student to work out for himself

the character of omitted forms. In some cases overlapping is involved through the insertion of two or three forms covering the same operation but illustrating some variation in procedure. Where it has seemed necessary a brief explanatory footnote or cross-reference has been added. Particular attention should be given to the introductory notes to Sections IV and VII and to the questions at the end of each main section.

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I. FUNCTIONAL ORGANIZATION CHARTS FOR PERSONNEL ADMINISTRATION

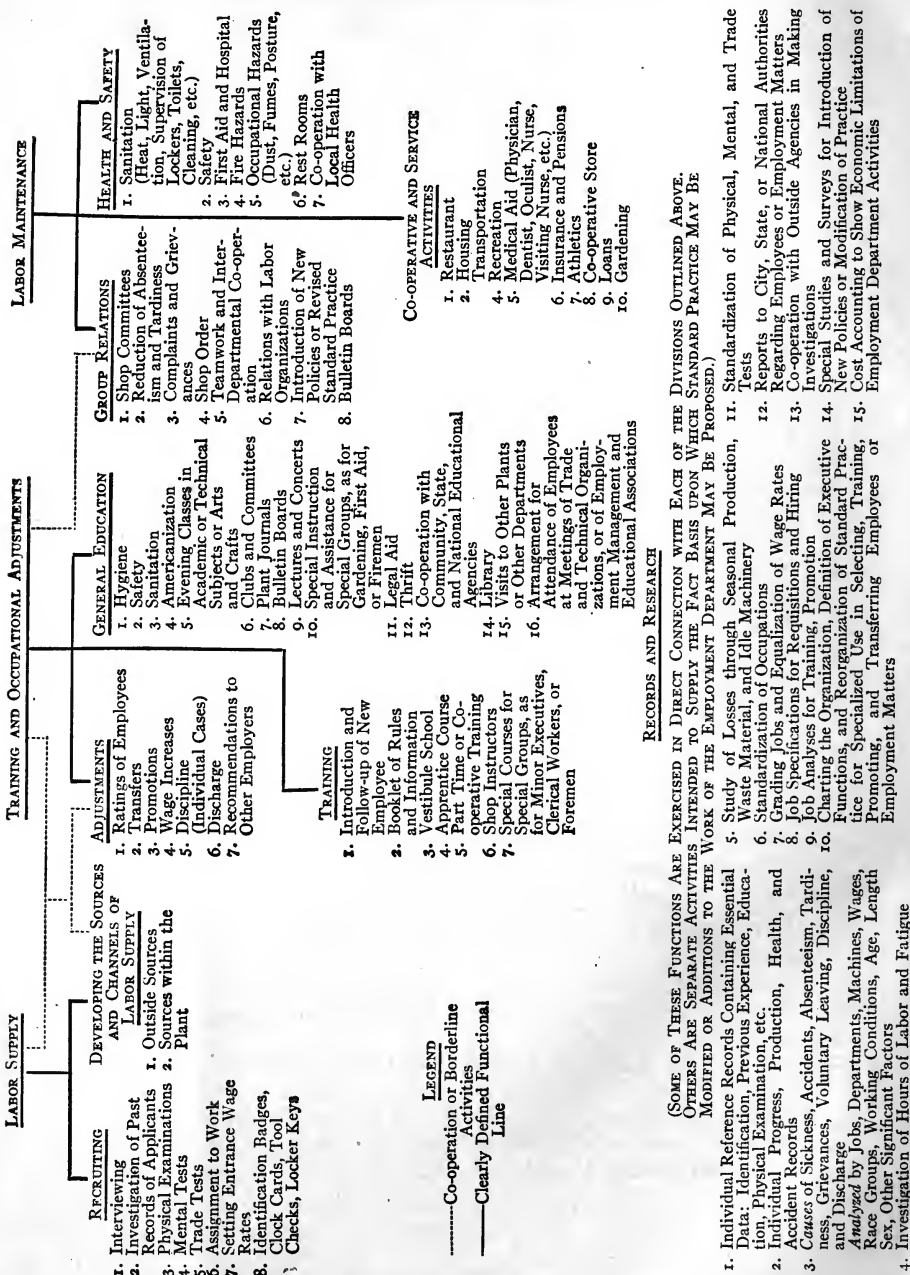


CHART 1. FUNCTIONS OF A PERSONNEL DEPARTMENT: ONE VIEW

Taken by permission from R. W. Kelly. "Functions of the Employment Department," *Industrial Management*, LIX (1919), 477.



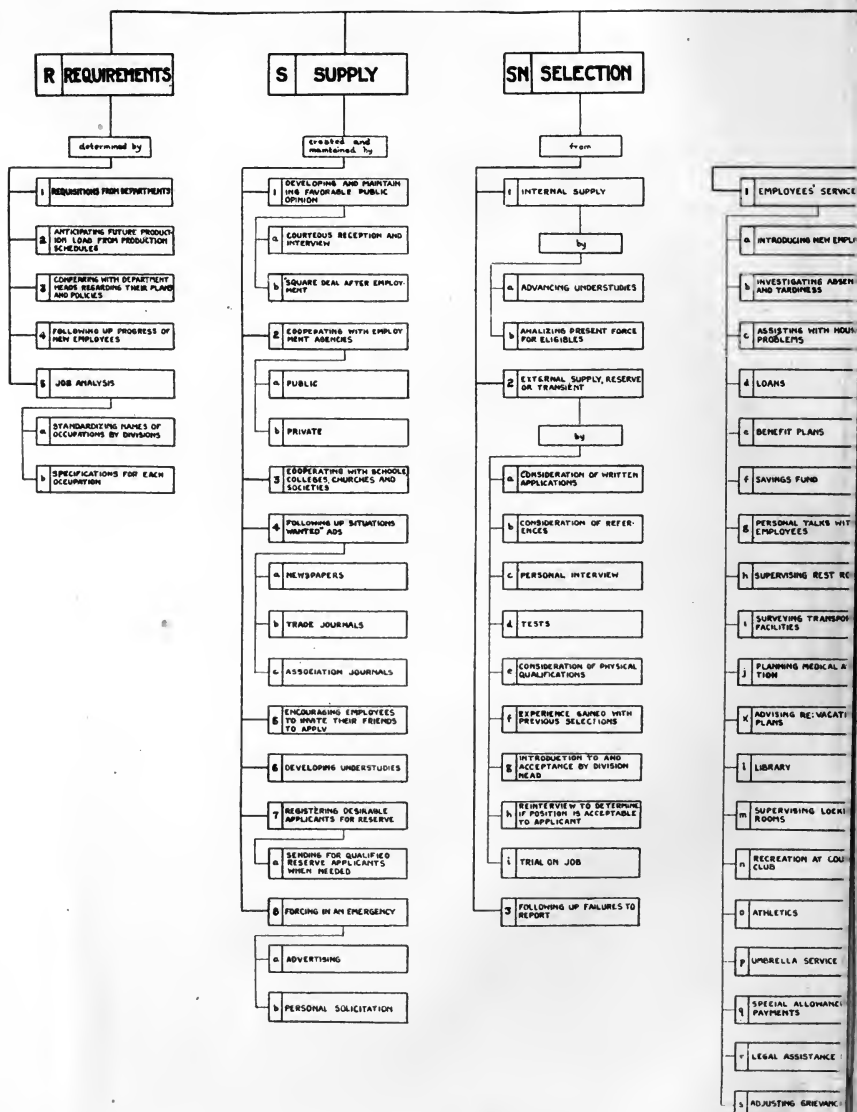
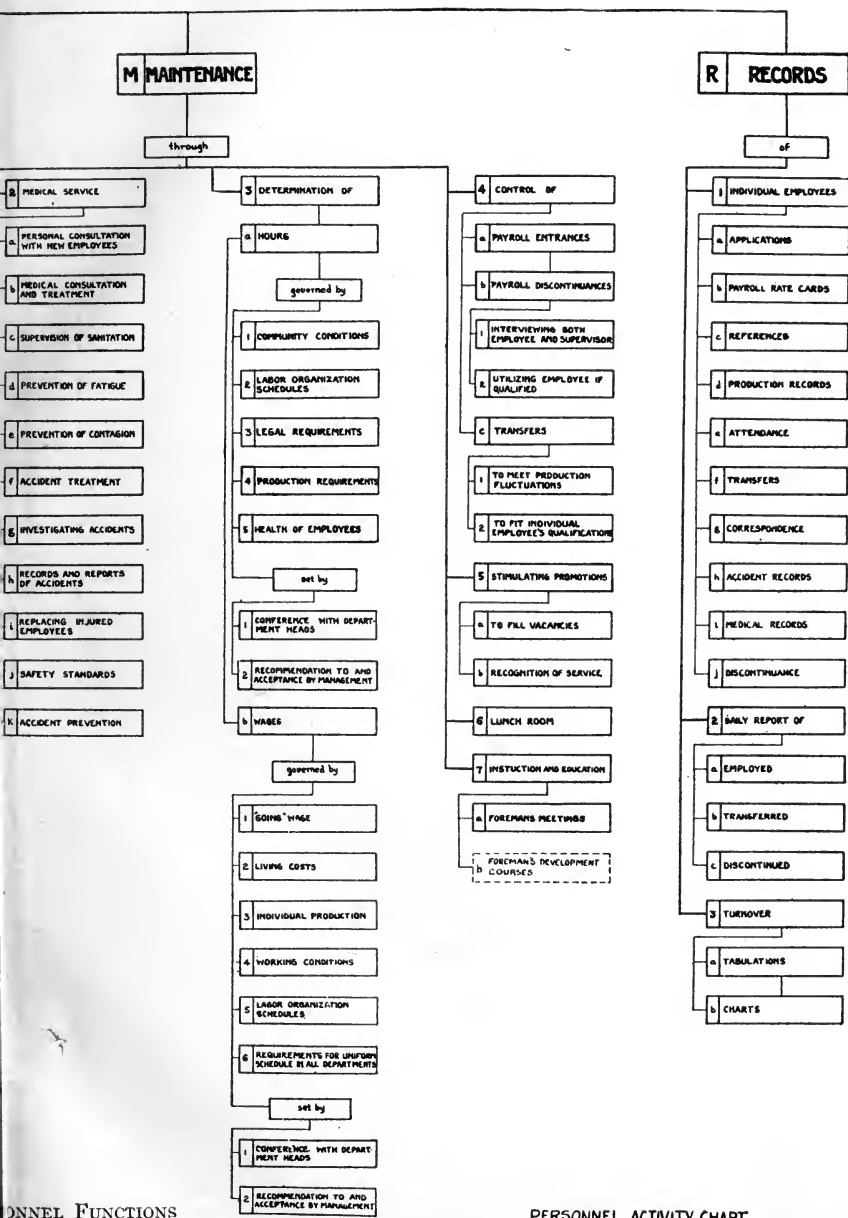


CHART 2. ANOTHER VIEW
(Taken by permission from Earl B. Morgan, "Practical Personnel Management")

PERSONNEL



PERSONNEL FUNCTIONS

PERSONNEL ACTIVITY CHART

agement," in *Industrial Management*, LX (1920), 122.)

Sources of Information		Via—Routine Records Maintained by Personnel Dept. Section as indicated		Periodic Statistical Reports Prepared by Research and Planning Section
Sources of Information	Application Blank Interviewer's Report Previous Employment Production Department Posted from Routine Forms	Individual Service Records, including: Personal and Family History Previous Employment Record Educational Record—previous Production Record—current Wage and Wage Changes Transfers Promotions Training Record—current Ratings—periodic Health Record—physical examination, illness, and accidents Job Specifications File Rate Schedules Schedule of Employment Needs, by departments and jobs Labor Source File, including: File of Previous Employees Applications Pending Suggestions from Present Employees Data of Community Sources		Weekly or Monthly Report on Trends of Employment in the industry, (a) in the district, (b) in the country
	Training Section Research Section Health Section Research Section Foremen's Requisitions Employment Estimates Department Exchanges Other Unions Trade Unions Employers' Associations Community Agencies, Schools, etc. Data on Volume of Employment such as that prepared by U.S. Bureau of Labor Statistics and state industrial commissions Posted from Routine Notices	EMPLOYMENT SECTION		Weekly or Monthly Report on Labor Turnover, showing appropriate analysis by departments, types of work, length of service, etc., as needed, with appropriate comparisons with past periods Weekly or Monthly Reports of Attendance, showing causes of lost time, with appropriate sub-classifications and comparisons with past periods. May be supplemented by a quarterly summary of costs, with appropriate analysis (Note.—The second, fourth and fifth schedules above may be combined in a single chart.—see Forms 66 and 67.)
Sources of Information	Posted from Foremen's or Timekeeper's Notices, follow-up reports from Health Section, etc.	Daily Labor Inventory, showing: Applications Accessions Exits Transfers with appropriate analysis by departments, nationality, types of work, etc., as needed Daily Attendance Record, showing causes of absenteeism and lost time, with appropriate analysis by departments, types of work, etc., as needed		Weekly or Monthly Reports of Attendance, showing causes of lost time, with appropriate sub-classifications and comparisons with past periods. May be supplemented by a quarterly summary of costs, with appropriate analysis (Note.—The second, fourth and fifth schedules above may be combined in a single chart.—see Forms 66 and 67.)
	Posted from Hospital Forms Visiting Nurse Reports Community Agencies Special Investigations Posted from Hospital Forms Foremen's Reports, Visiting Nurse Reports, Investigations	HEALTH AND SAFETY SECTION		Follow-up Reports on turnover and lost time in specific departments to department heads concerned. (See Form 99.) Monthly Summary of Illness and Accidents, by types, by departments, with appropriate comparisons with previous periods (Note.—Schedule 8 may be combined with schedule 5.)

Special Reports with recommendations for action as needed

<p>Summary record showing number in training, by departments, type of work, ratings, etc. Records relating to house organ, lecture courses, other educational features.</p>	<p>Monthly analysis showing number trained, by departments and type of work, cost per man. May be supplemented by annual tabulation of records of men trained.</p>	<p>Monthly or Quarterly Summary of Important Developments</p>	<p>Monthly or Quarterly Comparison of Estimates, Appropriations, and Expenditures: cost of service per man</p>	<p>Quarterly Analysis of Workers by number, department, and class of work, showing (a) rates, (b) average weekly earnings</p>	<p>Monthly Report on Average Number of Hours Worked per Week (may be derived from Schedule 5)</p>	<p>Monthly Trend of Wages and Earnings, by departments and classes, within the shop, compared with trend of cost of living</p>	<p>Monthly Trend of Output per man-day or man-hour, by departments and types of work</p>	<p>Periodic preparation of the labor budget</p>
<p>Records of: Shop Committee Meetings Wage Negotiations Group Dealing with Labor Organizations</p>	<p>Records of Special Service Features such as: • Restaurants • Recreation • Insurance and Benefit Plans • Housing Schemes</p>	<p>Job Analyses Occupational Ratings Efficiency Ratings Wage Classification Schedules Cost of Living Data Records of Market Rates</p>	<p>Records of: (a) In the Industry (b) In the Community or District (c) In Other Industries</p>	<p>Individual Wage Records, showing: (a) Rates (b) Actual Earnings</p>	<p>Summary Wage Records, by departments and types of work, showing: (a) Rates and classes (b) Actual Earnings</p>	<p>Summary of Unit Labor Cost, by departments and types of work</p>	<p>Summary Production Records, appropriate classifications</p>	<p>Records of Special Studies of: Fatigue as affecting production Hours per day and per week as affecting production Outside experiments likely to be of interest to plant, etc., etc.</p>
<p>EDUCATION SECTION</p>	<p>JOINT RELATIONS SECTION</p>	<p>SERVICE SECTION</p>	<p>RESEARCH AND PLANNING SECTION</p>	<p>Special Investigations U.S. Bureau of Labor Statistics State and Community Agencies and Community Agencies Trade Unions Employers' Associations Periodicals</p>	<p>Production Department Payroll Division Cost Accounting Division</p>	<p>Special Investigations Periodicals, etc.</p>	<p>Special Comparative Analyses and Reports</p>	<p>Note.—Each of the last four schedules may include more or less of the following: (a) last period, (b) other industries, etc., in absolute and percentage terms.</p>

CHART 4. AN EMPLOYMENT STATISTICS CHART

II. FORMS AND RECORDS FOR THE EMPLOYMENT SECTION

A. ROUTINE PROCEDURE: HIRING

REQUISITION FOR HELP					
DEPT. _____			DATE _____		
EMPLOYMENT DEPT.—Please furnish the following help for this Department.					
When wanted _____					
Number Wanted	For Job # (As per Job Analysis)	Day or Night Work	Piece Work or Day Work	Day Rate to Start	Remarks

Date filled _____

(Filled in by Empl. Dept.)

Foreman

FORM 1a. REQUISITION BLANK

ANTICIPATED HELP REQUIREMENTS

PERSONNEL DIVISION

Date,

This form is to be made out in triplicate. The first copy is to be retained by the office where it originates. The "Original" and "Department" copies are to be forwarded to the Head of the Wilmington Department having jurisdiction over the work. If he approves, the original will be forwarded to the Personnel Division.

DEPARTMENT

To be held for the files of the Personnel Representative of the Department Interested,

This Department will need the following help:

When required (check which) Immediately. In 30 days In.....days. As soon as obtainable.

Number required Male or female (if either will do, so state)

When the job number is known show it here Will Report to.....

Describe the type of individual(s) wanted; and the nature of the work that is to be performed;

Location of work.....

Salary (Give on monthly basis in terms of total pay not as base salary) (Expect to pay) \$..... (Maximum Possible) \$.....

Remarks:—

Signed.....Department.....

Approved by.....for the.....Department Date.....

NOTE:—Request but one kind of help on a blank.

Any number of a single kind may be requested on a single blank.

This blank is to be used only for notifying the Personnel Division of anticipated help requirements, and should be forwarded, as advised above in a sealed envelope, well in advance of the time when the help will be needed. When the request is for help that is difficult to obtain and the request is indefinite in time so state under remarks.

(OVER)

FORM 1b. ANTICIPATED REQUIREMENTS BLANK

(Procedure noted on form.)

Wanted Schedule

191

[illegible]

FORM 2. REQUIREMENTS SCHEDULE

AUTHORIZED RATES

Shop _____ Dept. _____
Works _____ 19 _____

Check Number Series

To

Show starting rate first with maximum rate immediately below it or indicate job rate by * Asterisk.

NAME OF JOB		REPORT TO		below it or indicate job rate by * Asterisk.							
		No Turn in	\$d Normal number of men	\$d Normal hours per day	\$d Normal days per week	Author- ized rate *	Actual rate per hour	Earnings per day	Earnings per month	Bonus reference	Job description reference
		24 hrs	Turn	Turn							

FORM 3. SCHEDULE OF AUTHORIZED RATES

JOB SPECIFICATION FOR WORKS EMPLOYES

Occupation..... No..... Class..... Job No.....
 Dept..... Division..... Section.....

THE WORKER:—

Age Limits..... Minimum Weight.....

- | | | | | |
|----------------------------------|--|-------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Man | <input type="checkbox"/> Speak English | <input type="checkbox"/> Strong | <input type="checkbox"/> Accuracy | <input type="checkbox"/> Use Jigs |
| <input type="checkbox"/> Woman | <input type="checkbox"/> Read English | <input type="checkbox"/> Quick | <input type="checkbox"/> Thorough | <input type="checkbox"/> Gauges |
| <input type="checkbox"/> Tall | <input type="checkbox"/> Write English | <input type="checkbox"/> Deliberate | <input type="checkbox"/> Good Memory | <input type="checkbox"/> Templates |
| <input type="checkbox"/> Medium | <input type="checkbox"/> 6th Grade | <input type="checkbox"/> Patient | <input type="checkbox"/> Read Scale | <input type="checkbox"/> Micro-meter |
| <input type="checkbox"/> Colored | <input type="checkbox"/> 8th Grade | <input type="checkbox"/> Observant | <input type="checkbox"/> Set Up Work | <input type="checkbox"/> Prints |

Tools Operative Should Own

Experience (Time) Previous.....To Learn.....How Taught.....

Promote From.....To.....

Remarks:.....

FORM 4a. JOB SPECIFICATION CARD—FACTORY WORK—OBVERSE

THE WORK:—

- | | | | | |
|-------------------------------------|-------------------------------------|--------------------------------|---|--|
| <input type="checkbox"/> Heavy | <input type="checkbox"/> Standing | <input type="checkbox"/> Hot | <input type="checkbox"/> Fumes | <input type="checkbox"/> Day Work |
| <input type="checkbox"/> Light | <input type="checkbox"/> Sitting | <input type="checkbox"/> Cold | <input type="checkbox"/> Oils | <input type="checkbox"/> Premium |
| <input type="checkbox"/> Close | <input type="checkbox"/> Stooping | <input type="checkbox"/> Wet | <input type="checkbox"/> Acids | <input type="checkbox"/> Piece Work |
| <input type="checkbox"/> Rough | <input type="checkbox"/> Reaching | <input type="checkbox"/> Dirty | <input type="checkbox"/> Hard for Hands | <input type="checkbox"/> Standard Time |
| <input type="checkbox"/> Hand Lift | <input type="checkbox"/> Repetition | <input type="checkbox"/> Dusty | <input type="checkbox"/> Eye Strain | <input type="checkbox"/> Group |
| <input type="checkbox"/> Crane Lift | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Task |

Approximate number engaged in this work: Men..... Women.....

Type of machine tool.....

Materials used.....

Description of work.....

FORM 4a. REVERSE

JOB SPECIFICATION FOR OFFICE EMPLOYEES

Job No.....
 Dept..... Division..... Section.....
 Occupation..... No..... Class

The Worker :—

Age Limits.....

<input type="checkbox"/> Man	<input type="checkbox"/> Grade	<input type="checkbox"/> English	<input type="checkbox"/> Accuracy	<input type="checkbox"/> Memory
<input type="checkbox"/> Woman	<input type="checkbox"/> High School	<input type="checkbox"/> Mathematics	<input type="checkbox"/> Alertness	<input type="checkbox"/> Initiative
<input type="checkbox"/> Tall	<input type="checkbox"/> Commercial	<input type="checkbox"/> Stenography	<input type="checkbox"/> Analytical	<input type="checkbox"/> Observation
<input type="checkbox"/> Medium	<input type="checkbox"/> Technical	<input type="checkbox"/> Typing	<input type="checkbox"/> Concentration	<input type="checkbox"/> Speed
<input type="checkbox"/> Short	<input type="checkbox"/>	<input type="checkbox"/> Writing	<input type="checkbox"/> Deliberate	<input type="checkbox"/> Systematic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Executive	<input type="checkbox"/> Tact

Experience (time) Previous..... To Learn..... How Taught.....

Remarks—.....

FORM 4b. JOB SPECIFICATION FOR OFFICE EMPLOYEE—OBVERSE

THE WORK:—

Hours.....to.....Sat.....to.....Promote to.....

Approximate Number on This Work—Men..... Women.....

<input type="checkbox"/> Adding Machine	<input type="checkbox"/> Blue Prints	<input type="checkbox"/> Sitting	<input type="checkbox"/> Check
<input type="checkbox"/> Comptometer	<input type="checkbox"/> Routine	<input type="checkbox"/> Standing	<input type="checkbox"/> Hourly
<input type="checkbox"/> Dictaphone	<input type="checkbox"/> Supervising	<input type="checkbox"/> Reaching	<input type="checkbox"/> Salary
<input type="checkbox"/> Slide Rule	<input type="checkbox"/> Regular Overtime	<input type="checkbox"/> Walking	<input type="checkbox"/>

Description of work.....

FORM 3b. REVERSE

NAME..... DATE.....
 ADDRESS..... PHONE: Home..... Bell.....
 Street..... City or Town..... State..... Date of Birth..... Day..... Year.....
 City or Town..... State..... Country.....
 Where were you born?.....
 What Country are you a Citizen of?.....
 Are you Married?..... How many children under 18 yrs. old?..... How many other dependents?.....
 If NOT married, do you live with your parents?..... Father's name..... Occupation.....
 What is your HEIGHT?..... Ft..... Ins. WEIGHT?..... Lbs. Are you RUPTURED?.....
 Explain fully any PHYSICAL DEFECTS you may have.....
 Have you ever worked for the _____ COMPANY or any of its branches before?..... If so, _____
 Where?..... from..... to..... Position or Department.....
 Have you ever worked for any other firm manufacturing Photographic Materials or Supplies?..... If so, _____
 Where?..... from..... to..... Position or Department.....

Give the names of any of your relatives who are now working for the _____ COMPANY: _____

NAME	RELATIONSHIP	WHERE WORKING	POSITION OR DEPARTMENT
------	--------------	---------------	------------------------

What kind of position or work would you prefer to be placed on?.

Are you seeking permanent employment?..

REMARKS:

How many days have you been absent from work during

the past two years? ...

How many of these lost days were due to sickness?

(over)

Give complete information regarding your EDUCATION as follows:

KIND OF SCHOOL	YRS. ATT'D.	GRADE REACHED	NAME OF INSTITUTION	LOCATION	SUBJECTS OF SPECIALIZATION
Common School.....					
High School.....					
Business Course.....					
Night School.....					
Trade School.....					
Prep. School.....					
University.....					

Give complete information regarding the last four places you have worked:

NAME OF FIRM	Address	POSITION Held Kind of work you did	FROM DATE	TO DATE	SALARY RECEIVED	WAY DID YOU LEAVE?

If you are STILL EMPLOYED, give: NAME OF FIRM.....ADDRESS:.....

(Please do not write below this line)

EMPLOYED: Date.....for.....Dept. EMPLOYMENT BEGAN: Date.....
 RATE.....Per.....Clock Card No.....Locker No.....
 FOREMAN.....SUPERINTENDENT.....
 EMPLOYMENT MANAGER.....MANAGER.....
 REMARKS.....

Name of applicant _____ Date _____
 Address _____ Phone No. _____
 Did you ever work for this Company? _____
 Rate of pay wanted _____
 Where born _____ Birthplace of father _____
 Date of birth _____ Birthplace of mother _____
 Married? _____ Number dependent for support _____
 Did you go to grammar school? _____ High school? _____
 College or Tech? _____
 Name of last school attended _____ Did you graduate? _____
 What course did you take? _____
 What trade? _____ Where learned? _____
 Previous employment (Last 3 jobs)

Firm	Kind of Work	From	To	Reasons for Leaving

References (preferably those working here.) _____

(OVER)

Hearing _____ Feet _____
 Weight _____ Rupture _____
 Height _____ Eyesight _____

FORM 5b. ANOTHER FORM OF APPLICATION BLANK—OBVERSE

Draw one line under those occupations in which the applicant has worked.
 Draw two lines under those in which he claims to be expert.
 Also state number of years experience in each occupation.

Probable Initiative _____
 Probable Loyalty _____

		Years	Years	Years	Years
Specific Training For Position	Manners	1. Accountant	22-22. Elevator	43. Mailing Clerk	64. Transferer
		12-2. Auto Box Mach.	23. Engineer	44. Nurse	66-65. Type Cyl. Feeder
General Training	Dress	42-3. Auto	24. Engraver	56-45. Packer	66. Type Cyl. Press
		42-4. Blacksmith	25. Executive	11-46. Painter	12-67. Varnish Mach.
Experience in Like Position	Features	5. Blocker	26. Finishing Dept.	5-47. Photo Engraver	68. Zinc Etcher
		1-6. Bookkeeper	27. Fireman	48. Photographer	69. Zinc Grainer
General Experience	Conversation	12-7. C. & C. P. Feeder	28. Foreman	49. Planning Dept.	70. Clerical Worker
		1-6. Bookkeeper	58-29. Freight Handler	50. Plumber	71. Factory Worker
Willingness to Work	Concentration	12-8. C. & C. Press	13-30. Ink Maker	50-51. Plumber's Helper	72. Farmer
		12-9. C. & C. Cyl. Press	31. Janitor	52. Poster Artist	42-73. Foundry Man
Willingness to Improve	Ambition	15-10. Calender Mach.	33-32. Job Feeder	53. Prover	74. Housework
		11. Carpenter	33-34. Kelley Press	54. Restaurant	11-75. Mason
	Energy	12. Carton Dept.	11-35. Laborer	56. Roller Maker	76. Railroad Worker
		13. Chemist	35. Litho Artist	56. Shipper	11-77. Rigger
		23-14. Coal Passer	40-37. Litho Feeder	58. Stenographer	78. Rubber Worker
		15. Coating Mach.	40-38. Litho Lumper	59. Stores Keeper	79. Seafaring Man
		16. Compositor	40-39. Litho Offset Press	16-60. Stoneman (Composing)	42-80. S. Metal Worker
		17. Cutter	40. Litho Rotary Press	61. Stone Polisher	81. Shoe Worker
		26-18. Die Cutter	40-41. Litho Stone Press	62. Telegraph Operator	82. Student
		19. Die Stamper	42. Machinist	63. Telephone Operator	
		20. Draftsman			
		21. Electrician			

S—If expert in an occupation not mentioned write it here _____

FORM 5b. REVERSE

INTERVIEWER'S REPORT

Date _____ 191

Name _____

Foreman _____ Check _____

Was the wage satisfactory? _____

Was the work satisfactory? _____

Was the instruction clear? _____

Was the foreman, inspectors courteous? _____

Reason for leaving _____

Interviewed by _____

FORM 6a. INTERVIEWER'S REPORT ON APPLICANT

TO MEDICAL DEP'T:

DATE _____

PLEASE EXAMINE M _____ SERIAL NO. _____

NATIONALITY _____ CHURCH _____

ADDRESS _____

JOB _____

TO EMPLOYMENT DEP'T:

BEARER IS RATED AS FOLLOWS: HEIGHT WEIGHT

FT. IN. LBS.

SHOULD RETURN FOR ANOTHER EXAMINATION ABOUT _____

MEDICAL DEP'T

FORM 6b. REFERENCE TO PHYSICAL EXAMINER

ADVICE OF WORKMAN SUPPLIED

Mr. _____ Date _____

GENERAL FOREMAN

Mr. _____

FOREMAN

_____ has been engaged as

_____ Occupation No. _____

Occupation Class _____ Job Analysis Card No. _____ Index No. _____

S. Time	Premium	Pc. Work	Task	Day Work	Extra for Night Tn.	
					<input type="checkbox"/>	Day rate effective at once; other rate effective when employee starts on contract work, which should not be later than _____

Physical Examination Class _____

Check No. _____ Section _____

EMPLOYMENT DEPARTMENT

If workman fails to report for work, return this slip to Employment Department; otherwise it is to accompany Card 5400 to the Pay Roll Division if for check employee, or card 4486 to the Salary Record Division if for a salaried or hourly pass employee. Accounting Department to return this form to Employment Department.

EMPLOYMENT DEPARTMENT

Please issue pass to bearer _____

who is to begin work in Section _____

or Day Turn Date _____
or Night Turn _____

FOREMAN

FORM 7. NOTICE OF ENGAGEMENT

(Note procedure on form.)

Pass to Employment Dept.

M. _____

has been employed and is to start work

At _____ A. M. Date _____ 19 _____
P. M.

Employment Dept.

DEPT.	APPLICANT'S NUMBER	ASSIGNMENT CLERK

FORM 8. TEMPORARY PASS

INTRODUCTION

TO MR. _____ DATE _____

Introducing individual named below for position mentioned.

If applicant is satisfactory insert only the date effective and return to Employment Service Department with signature of Function Head.

If applicant is not satisfactory show reason, sign opposite No. 1 and return to Employment Service Department in envelope at once.

EMPLOYMENT SERVICE DEPARTMENT

By _____

REJECTION NOTICE. APPLICANT IS NOT SATISFACTORY.

REASON _____

1. _____

NOTICE OF <input type="checkbox"/> Engagement <input type="checkbox"/> Re-Engagement <input type="checkbox"/> Re-Instatement <input type="checkbox"/> Transfer		NAME _____ NO. _____	
ON THE <input type="checkbox"/> Private Payroll <input type="checkbox"/> M'n'g. Payroll Thos. A. Edison INTERESTS		ADDRESS _____	S M H
FUNCTION _____		DATE EFFECTIVE _____	
INTEREST _____		RATE _____ PER _____	
POSITION _____		EMPLOYMENT SERVICE DEPARTMENT NO. _____	
INCREASE IN FORCE	REPLACING		
	RESIGNED		
	DISMISSED		
TRANSFERRED TO _____		OEPT. _____	OIV'N _____
APPROVED:	AUTHORIZED:	SIGNED:	
	EMPLOYMENT SERVICE DEPT.	DIV. MGR., OEPT. MGR., FOREMAN	

FORM 9. WORKMAN'S INTRODUCTION TO DEPARTMENT HEAD OR FOREMAN

REQUEST FOR IDENTIFICATION BADGE

Employment Dept.

Please issue identification badge to

.....		
Name		
<input type="checkbox"/> New	.....	Department Check No
<input type="checkbox"/> Replacement of old badge	Signed	Employee
Badge Number	Approved Foreman	
.....		
Issued	Date	Date

FORM 10. APPLICATION FOR PERMANENT IDENTIFICATION BADGE

NEW EMPLOYEE

To.....

The following applicant will enter our employ:

Date Department Name

Signed.....

.....19

FORM 11. NOTICE TO TIME-KEEPER OF ENGAGEMENT

NAME

DEPT.

New Employee, hired at cents per hour
dollars per week

Overtime at after hours

Raise from cents per hour to cents per hour
dollars per week dollars per week

Beginning

Remarks :

Signed by

Ok'd by

FORM 12. NOTICE TO ACCOUNTING ROOM

B. ROUTINE PROCEDURE: ADJUSTMENT (TRANSFER AND CHANGE OF RATE)

I. Transfer

Transfer Recommendation—Out of Section
 If transfer is within department, section, or grade, four copies of each color are to be completed.
 If transfer is from one department to another, four copies of each color are to be completed.
 If transfer is to Benedict, Executive or Sanatorium, so indicate in space for "Transferred to."

I RECOMMEND THAT

NAME	DEPT.	DIVISION	SECTION	POSITION	GRADE
be transferred to.....					

Date of transfer.....19..... Reason for transfer.....

Signed..... Approved.....
 Supervisor, Chief Clerk, Section Head, Bureau Head Fourth Vice-President

Countersigned..... Certified.....
 Department or Division Head Auditor

FORM 13a. RECOMMENDATION FOR TRANSFER OUT OF SECTION
 (Used in a commercial business)

Recommendation for Change in Position—Within Section
Two copies to be furnished to Personnel Division

DIVISION..... SECTION..... DATE.....

I recommend that..... now holding the position of.....
 in this section, grade..... be transferred to the position of.....
 grade..... to succeed..... Date effective.....19..... The reason for making this
 change is.....

APPROVED AS OF.....19..... SIGNATURE.....
 Supervisor, Chief Clerk, Section Head, Bureau Head
 Approved.....
 Fourth Vice-President
 Division or Department Head

FORM 13b. RECOMMENDATION FOR CHANGE IN POSITION WITHIN SECTION
 (Used in a commercial business)

Request to Transfer

Date _____ 19__

Mr. _____ Check No. _____ Dept. No. _____

1 ☐ Above employee requests a transfer to another line of work consistent with experience indicated on back of this ticket; such transfer not to be made until after two weeks, subject then to vacancies, and the furnishing to this department of a satisfactory substitute.

2 ☐ Employee gives three days' notice of quitting
See pay-off schedule

3 ☐ Immediate transfer approved

4 ☐ Quits without notice
Pay as per schedule

5 ☐ Separate from this dept.

NO PAY-OFFS
ON SATURDAY

PAY-OFF SCHEDULE

If blue and white copies reach Transfer Office—on	Employee must stop work—on	Employee will be paid
Monday	Tuesday 2:30 P.M.	Wednesday
Tuesday	Wednesday 2:30 P.M.	Thursday
Wednesday	Thursday 2:30 P.M.	Friday
Thursday	Friday 12:00 N.	Monday P.M.
Friday	Saturday 2:30 P.M.	Tuesday
Saturday	Sunday 2:30 P.M.	Tuesday P.M.

- | | | |
|---|--|---|
| <input type="checkbox"/> Reliable
<input type="checkbox"/> Efficient
<input type="checkbox"/> Leaving City
<input type="checkbox"/> Dissatisfied with Wage
<input type="checkbox"/> Dissatisfied with Working Conditions
<input type="checkbox"/> Reasons by Phone | <input type="checkbox"/> Non-Attendance
<input type="checkbox"/> Unreliable
<input type="checkbox"/> Inefficient | <input type="checkbox"/> Insubordinate
<input type="checkbox"/> Careless
<input type="checkbox"/> Destructive |
|---|--|---|
- _____ Foreman

FORM 13c. REQUEST TO TRANSFER
(Used in an industrial plant)

TRANSFER NOTICE

TRANSFERS TO BE REPORTED TO DEPARTMENT TIMEKEEPER. TIMEKEEPER WILL FILL OUT NOTICE, EXCEPT NEW NUMBER, SENDING FIVE COPIES TO EMPLOYMENT OFFICE CLERK.

EMPLOYMENT OFFICE CLERK WILL ASSIGN NEW NUMBERS AND SEND COPIES TO

EMPLOYMENT DEPT.
COST DEPT.
PAY ROLL DEPT.
PLANNING DEPT.
TIMEKEEPING OFFICE.

Old Number _____ Dept. _____

New Number _____ Dept. _____

Name _____

Date _____

Change in Rate? Yes or No. _____

Signed _____

FORM 14. TRANSFER NOTICE
(Note procedure on form.)

.....

M..... Dept.....

..... is to be transferred

from your department to Dept.....

on.....

Reason for transfer.....

.....

EMPLOYMENT DEPARTMENT

Per.....

FORM 15. NOTICE TO FOREMAN OF TRANSFER

II. Change of Rate

Request for Rate Change

Dept..... Clock No..... Date.....

Time Dept:—Please Change Rate on.....

Present

Rate..... Occupation..... No..... Grade.....

Requested

Rate..... Occupat.on..... No..... Grade.....

To take effect..... Date of last change

Reason for request:..... or of starting rate.....

.....

..... Foreman

Previous Changes	Rate	Date	Occupation	No.	Grade	Reason

Approved	Record Div.	Div. Supt.	Works Mgr.	Dept. Ind. Relations
	Date.....	Date.....	Date.....	Date.....

Foreman: Keep White Copy.

FORM 16. REQUEST FOR RATE CHANGE

(Made out in triplicate: one copy to timekeeper, one to employment office, one retained as foreman's record.)

[illegible]

FORM 17. SUMMARY OF RATE CHANGE RECOMMENDATIONS

(Note approval signatures necessary.)

To M _____
Your rate has been increased ¢ per hour,
beginning _____ 19 _____
EMPLOYMENT DEP'T.

Form 18. NOTICE TO EMPLOYEE OF RATE INCREASE

ORDINARY Salary Change Week Commencing.....						
NAME	DIVISION AND SECTION	POSITION	GRADE	MAXIMUM SALARY	PRESENT SALARY	NEW SALARY
<p>Note: This copy showing maximum salary payable, based on last rating and service and present salary, is supplied so that the head may provide a recommendation for each clerk.</p> <p>The form should be signed and sent to the Personnel Division. Another copy showing official action will be furnished.</p>						
			<p>APPROVED..... Fourth Vice-President.</p>			
			<p>CERTIFIED.....Auditor</p>			

FORM 19. SUMMARY RECORD OF SALARY CHANGE RECOMMENDATIONS
(Used in a commercial business)

C. ROUTINE PROCEDURE: SEPARATION

<u>EMPLOYMENT</u>	<u>DEPARTMENT</u>	Date.....			
DISPOSITION					
Bearer:		Check No.....			
Working as.....		in the.....			
is referred to you for disposition because of:					
.....					
.....					
.....					
Would you re-employ in your department?.....					
PLEASE CHECK OFF THE CHARACTERISTICS YOU MAY HAVE NOTICED.					
DEPARTMENTAL RECORD					
CHARACTERISTICS	Exceptional	Above Average	Average	Below Average	Poor
Quality of work					
Quantity of work					
Dependability					
Judgment					
Initiative					
Willing worker					
Safety Attitude					
Promptness					
ARMCO Spirit					
Disposition					
What qualities interfere with his progress?					
Physical condition					
Please give below, any additional information which you believe may help us to make disposition to the satisfaction of all concerned					
.....					
.....					
.....					
Advise re-employment in another Dept?.....Where?.....					
Signed.....					
FOLD IN ON DOTTED LINES					

FORM 20. NOTICE OF REFERENCE TO EMPLOYMENT OFFICE OF MISFIT EMPLOYEE

Date and Hour of this Report		A. M. _____ P. M. _____	19__
FOREMAN'S REPORT ON EXIT			
<p>INSTRUCTIONS TO FOREMAN: As soon as a man informs you that he expects to quit, and you have talked to him about it, fill out this form as far down as the first heavy line and hand it (or send in a sealed envelope) to your immediate superior. This same form is also to be used when you have decided to lay off or discharge a man. Please try to get this report in as much in advance of the actual leaving time as is possible. The immediate superior will place his comment on the blank and send to the Employment Office.</p>			
Check No.	Dept	Name	
Class of Work		Date Employed	
Date expecting to leave		Quit, Discharge or Lay Off	Shall we pay in full?
Reason given by Employee for wishing to leave			
Your opinion as to the real reason if quit { Your reason if discharge or lay off }		When did he first notify you?	
Indicate by "Good" "Fair" or "Poor" your opinion of Employee's: Honesty		Sobriety	
Capability		Industriousness	Would you re-employ?
Additional Remarks:		Signed by _____	Foreman
Referred to	Date and Hour	Comment	
		O. K. by _____	
Interviewed in Employment Office by		Date and Hour	
Result			
To leave	A. M. _____ P. M. _____	19__	Pay in full?

LEAVING NOTICE

TO THE CHIEF OF EMPLOYMENT DIVISION:

has tendered his resignation, to take effect _____ Date _____
 State definitely reason for leaving: _____ who entered this Department on _____ Position held _____
 State definitely reason for leaving: _____

Answer all of following:

Attendance	good	fair	poor
Accurate	exceptionally	ordinarily	inaccurate
Address & Personality	pleasing	fair	unattractive
Courteous	very	average degree	rude
Co-operation	excellent	satisfactory	antagonistic
Executive ability	marked	fair amount	no evidence
Initiative	marked degree	good	lacking
Punctuality	always on time	late occasionally	late habitually
Speed	rapid	ordinary	slow
Volume of work	good	fair	poor
Workman	exceptional	average	poor

NOTED

Manager, Service Department _____ Chief, Employment Division _____
 Chief, Supr. _____ Dept. _____
 Div. Sect. _____ Manager _____

EMPLOYMENT DIVISION RECORD

Has Bond Been Cancelled	Has Insurance Been Terminated	Has Name Been Removed From Payroll	Has Looker Key Been Returned	Has Time Clock Number Been Changed	Have Cards Been Removed From Files	Has Attendance Card Been Removed From File
		Pay Roll Sect.	Expense Div.	Signature	Salary	Personnel

FORM 21b. LEAVING NOTICE
 (Used in a commercial business)

DISCONTINUANCE RECOMMENDATION

(Four Copies to be Completed)

Date Notification Received.....192... Date of Discontinuance.....192.....

NAME	DATE APPOINTED	DIVISION AND SECTION	POSITION	SALARY	LENGTH OF SERVICE

REASON: Check standard term that applies; enter details below.
Follow by recommendation as to retaining clerk if desirable.

Action Taken.....Date.....192.....

By.....
Of Personnel Division

Certified.....Auditor.....
Approved.....Fourth Vice-President

- STANDARD TERMS**
- Voluntary Discontinuance.....
 - Another Position.....
 - Higher Salary.....
 - Advancement Prospects.....
 - Disatisfied (no other reason).....
 - With Salary.....
 - With Position.....
 - Miscellaneous.....
 - To Stay at Home.....
 - Ill Health.....
 - Marriage.....
 - Returned to School.....
 - Permanently Moved to New City.....
 - Failed to Report.....
 - Resignation Requested.....
 - Inadequate Education.....
 - Better Mentality Required.....
 - Lack of Interest.....
 - Inadequate Experience.....
 - Attendance Record.....
 - Mental Rejection.....
 - Medical Rejection.....
 - Other Reasons.....
 - Temporarily Employed.....
 - Transferred to Field.....
 - Retired.....
 - Deceased.....
- If none of above applies, insert reason under proper heading.

FORM 22. DISCONTINUANCE RECOMMENDATION
(Used in a commercial business)

PAYMASTER—
 The bearer, with order, has been interviewed by this department.

Quit slip sent through Yes No
 Check collected Yes No
 Badge collected Yes No
 Tool account balanced Yes No
 Amount due for tools \$
 Amount due for board \$
 Last day worked
 Wages payable - - At A. M.
 P. M.

Dept.
 Check No.
 Date.

EMPLOYMENT DEPT.
 Per

FORM 24. CASHIER'S FINAL PAY RECEIPT

Cashier's Final Pay Receipt
 Date 19
 Cashier
 Please Pay
 Shop Dept. Week Ending
 Machine parts and Silk all returned O. K.
 Foreman Timekeeper
 Employment Manager Pay Roll Dept.

Employment Record

Foreman Check Reason	QUIT	Foreman Check Reason	DISCHARGED
	Disatisfied		Incompetent
	Sick		Irregular Attendance
	Laid off		Suspended Account
	6 Days Absence		
	Better Job		
	Sickness or Death at home		

Ability Character
 Department
 Would you re-employ in your Dept?
 Would you recommend re-employment in some other dept?
 Remarks
 (Employment Dept. Copy)

FORM 23. CLEARANCE NOTICE TO PAYMASTER

LEAVING NOTICES									
NAME	SYMBOL & NUMBER	REASON	Conduct	Attendance	SKILL	SPEED	Rehire	M&F	REMARKS
		Own Accord	Good	Steady	Good	Fast			
		Laid Off	Fair	Unrel.	Fair	Medium	Yes	M	
		No Notice	Poor	Tardy	Poor	Slow	No	P	
		Own Accord	Good	Steady	Good	Fast			
		Laid Off	Fair	Unrel.	Fair	Medium	Yes	M	
		No Notice	Poor	Tardy	Poor	Slow	No	P	
		Own Accord	Good	Steady	Good	Fast			
		Laid Off	Fair	Unrel.	Fair	Medium	Yes	M	
		No Notice	Poor	Tardy	Poor	Slow	No	P	

FORM 25. SUMMARY RECORD OF LEAVING NOTICES

D. FOLLOW-UP: RATING

Machine No.	Type	Size	Class of Work		
REPORT OF WORKMAN FOR QUARTER ENDING Please Check the one Classification under each subject which in your opinion the workman should have.					
SUBJECT					
SPEED	Exceptionally Rapid	Very Rapid	Average Speed	Slow	Very Slow
ACCURACY	Exceptionally Accurate	Very Accurate	Average Accuracy	Inaccurate	Careless
NEATNESS OF WORK AND MACHINE	Excellent	Very Neat	Average Neatness	Untidy	Very Untidy
KNOWLEDGE OF THE WORK	All-Around Mechanic	All Around Man in His Department	Good Knowledge of all jobs in his class of work	Fair Knowledge of all jobs in his class of work	Limited Knowledge of one job only
ABILITY TO LEARN	Exceptionally Quick to Learn	Quick to Learn	Average	Slow to Learn	Dense
INDUSTRIOUSNESS	Exceptionally Industrious	Very Industrious	Good Average Worker	Not very Industrious	Lazy
DEPENDABILITY	Exceptionally Dependable	Very Dependable	Average	Irregular	Undependable
INITIATIVE <small>or Ability to go ahead with a job without being told every detail.</small>	Excellent	Very Good	Average	Poor	Very Poor
INTEREST	Enthusiastic	Quite Interested	Average	Lacks Interest	Disinterested
CONFIDENCE	Excellent	Good	Average	Lacks Confidence	Very Timid
WILLINGNESS TO CO-OPERATE	Unusually Willing	Willing	Average	Unwilling	Obstinate
BROAD-MINDEDNESS	Unusually Broad-Minded	Broad-Minded	Average	Narrow-Minded	Very Narrow-Minded
LEADERSHIP ABILITY	Natural Leader	Good Leader	Average	Poor Leader	No Leader at all
CONDUCT IN THE SHOP	Exceptionally Good	Very Good	Well Behaved	Somewhat Troublesome	Very Troublesome
HABITS	Excellent	Very Good	Average	Bad	Very Bad
Additional Comment					
Signed		Foreman; OK		Gen. Foreman	

FORM 26. QUARTERLY RATING FORM

Rating Report for Employees Below the Grade of Assistant Section Head

Copyright 1921, by Metropolitan Life Insurance Company

USE RATING SCALE IN COMPLETING THIS FORM

Employees' Name (Write Surname First)	Dept.	Division	Section	Date of Rating	Date Actually Completed
Address of Employee					
Number of Dependents and Relationship					

RATING	Commit- tee	Position Occupied	ATTENDANCE RECORD (For six months prior to date of rating or since appointment if employed less than six months.)				
			NUMBER OF DAYS ABSENT		TARDINESS		
			Vacation or Leave	Sickness or Funeral	Other Causes	No. of Times	Time Lost
QUALITY OF WORK 32-40-Excellent 24-31-Good		20-23-Fair 8-19-Poor					
RAPIDITY OF WORK 16-20-Excellent 12-15-Good		10-11-Fair 4-9-Poor					
INTEREST IN WORK 16-20-Excellent 12-15-Good		10-11-Fair 4-9-Poor					
APPEARANCE AND MANNERS 8-10-Excellent 6-7-Good		5-Fair 2-4-Poor					
COOPERATION 8-10-Excellent 6-7-Good		5-Fair 2-4-Poor					
TOTAL							

REMARKS: Enter in this space anything that would aid in forming a correct estimate of Clerk's capabilities or limitations, such as special knowledge or training, advisability of transfer to other work, instances of especially meritorious work, or the contrary, etc.

Signature of Those Rating

EMPLOYEES EFFICIENCY REPORT

M

Head of _____ Dept.

Please list and rate the employees in your department according to the headings listed below.

Give particular attention to the maximum value of each heading. Return to the office of the chief clerk no later than _____ 19____

[illegible]

The ratings above are accurate to the best of my knowledge and belief and are given without personal prejudice or bias on my part.

DEPT. HEAD

FORM 28a. SUMMARY EFFICIENCY REPORT

SALESMAN'S RATING RECORD

Name

Date _____

Employed

District

[illegible]

NOTE: For details see District Manager's Rating Report. For summary see Summary Card and Analysis of Ratings Sheet.

FORM 28b. SALESMAN'S RATING RECORD

INSTRUCTIONS

WHAT IS THE RATING SCALE?

1. The Rating Scale is a practical method of gauging a foreman's capacity and fitness for promotion quickly, accurately and with uniformity and justice.
2. The rating scale itself is a numerical expression of the degree in which a foreman possesses the industrial qualifications deemed most essential; such as Trade Ability, Ability to Plan and Supervise, Ability to Handle Men, Ability to Teach, and General Value to the Company.
3. The degree to which a foreman meets these qualifications is determined by a man-to-man comparison with other foremen.
4. Because the Rating Scale calls attention separately to each of the several essential qualifications for a foreman, it lessens the danger that judgments may be based on minor defects, with disregard for important virtues.
5. It takes about twenty minutes to make a working scale and sixty seconds to make a rating.
6. All ratings are confidential. Department heads will discuss a foreman's rating with him on request.

HOW TO MAKE THE SCALE.

1. Write on a slip of paper the names of about a dozen foremen you know well.
2. If you do not have enough foremen in your own department to make a full list, use the names of assistant foremen, department heads, or foremen in other departments.
3. Include all grades of ability from the highest to the lowest.
4. This list helps you to remember the names to be used in making the scale.
5. Disregard every characteristic of each of the foremen except TRADE ABILITY. Select from your list the foreman who stands highest in TRADE ABILITY (disregarding all other qualities). Write his name or initials on the line marked Highest. On the line marked lowest put the name of the foreman who is poorest in this respect. Put the middle or average foreman on the third line and the foreman who rank half way between the middle and the extremes on the other two lines. If you have two men in mind, equally good, put down either one.
6. Proceed similarly in constructing scales for the other four qualities.
7. Do not use the same set of foremen for all qualities. Try to use at least ten foremen.
8. The names for the highest and lowest on each section of the scale must represent extreme cases. The best and poorest you have ever known. The name for the Middle should be that of an average foreman, half way between the extremes. High and Low should be half way between the Middle and the extremes.
9. Each foreman whose name appears on the scale should be one who shows clearly and distinctly the qualification and the degree of the qualification for which he has been chosen.
10. If you find difficulty in comparing the foremen being rated with any particular foreman on your scale, substitute the name of some other who will make the comparison easier. In this way with a little experience the scale can be used easily, rapidly and confidently.
11. In order to understand these instructions quickly and easily make up a trial scale. This trial scale bears the same relation to the finished scale that a first crude sketch bears to a finished drawing. After a few substitutions of names, the trial scale becomes a satisfactory scale.
12. If you are using the scale for the first time, make a few experimental ratings before actually rating one of your foremen.

HOW TO USE THE SCALE.

1. Rate your foreman for TRADE ABILITY first. Consider kind and amount of trade (or department) experience; knowledge of, and resourcefulness in using machines, tools, materials, and methods. Compare the foremen you are rating with each of the five foremen in Section 1 of the Rating Scale and give him the number of points following the name of the foreman he most nearly equals.
2. If he is a little higher or a little lower than the nearest foreman on the scale, adjust his number accordingly. For example, if a foreman, in TRADE ABILITY, seems to fall just below the Middle point but above Low give him 7 or 8.
3. Rate the foreman in a corresponding manner for each of the other four essential qualifications.
4. Make a man-to-man comparison of the foreman you are rating with the foremen whose names appear on your scale.
5. When rating several foremen, rate all of them on each qualification before adding the total for any one foreman.
6. The total rating for a foreman is the sum of the ratings you give him in the five separate qualities. If directions are followed carefully the average of any considerable group of foremen rated is about sixty points.

FOREMEN.

RATING SCALE

GRADE ABILITY. Consider kind and amount of trade (or department) experience; knowledge of, and resourcefulness in using machines, tools, materials, and trade methods.	Highest .....15 High .....12 Middle 9 Low 6 Lowest 3
ABILITY TO PLAN AND SUPERVISE. Consider ability to maintain standard quality work; to place help where they can do the best work; to plan ahead so as to have materials, men and tools ready to get out orders on schedule time with minimum production costs, and to keep a steady flow of work through the department.	Highest .....25 High .....20 Middle .....15 Low .....10 Lowest 5
ABILITY TO HANDLE MEN. Consider initiative, decisiveness, resourcefulness, energy, self-control; and ability to deal fairly with his help; to earn their respect, good-will and confidence; to maintain just discipline and a stable working force.	Highest .....15 High .....12 Middle 9 Low 6 Lowest 3
ABILITY TO TEACH. Consider his ability to explain his work clearly and thoroughly to a beginner, to gain the beginner's confidence and make him interested in the work; his success in developing all-around men, bettering men of lower grades, and increasing generally the knowledge and skill of the help under him.	Highest .....15 High .....12 Middle 9 Low 6 Lowest 3
GENERAL VALUE TO COMPANY. Consider his years of service, his loyalty, his ability to understand and carry out the Company's policies; orderliness of his department; his readiness and ability to co-operate with other departments and the management in giving new ideas and methods a fair trial.	Highest .....30 High .....24 Middle .....18 Low .....12 Lowest 6

R FOREMEN

E. CURRENT RECORDS: INDIVIDUAL EMPLOYEE

[illegible]

NOTE.—In many cases the application blank is so designed as to serve at once as a permanent service record, and as a folder for filing additional data regarding the employee, such as physical examination results, rate card, etc.

FORM 29. SERVICE RECORD—OVERSE

NOTE.—Compare Forms 84 and 85.

ATTENDANCE-EARNINGS-PRODUCTION

[illegible]

LAST					PREVIOUS EMPLOYERS					NEXT LAST																			
ADDRESS																													
Position held					In shop or factory					Position held					In shop or factory														
HOW LONG EMPLOYED																													
From....., 19.....					To....., 19.....					From....., 19.....					To....., 19.....														
CAUSE OF LEAVING																													
Rate.....															Rate.....														
Any physical defects?																													
Additional Information Regarding Applicant.										MEMO FOR PUT-ON SLIP																			
										Hired to start.																			
															192..... at..... A. M.														
										in Dept					as a					P. M.									
										Shop																			
										Basic Rate					Avg. Earnings in Section														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25					
Name															Shop					Clock No.									
Address															Front					Register No.					Operation				
															Rear														
															Flat														
Phone No.										Birthplace					EDUCATION					AMERICANIZATION									
										Descent					Grammar..... yrs.					Years in U. S. A.									
										Nationality					High..... yrs.					First Papers									
Age			Married			Dependents			Board or Live at Home			College..... yrs.					At..... 192.....												
															At..... 192.....														

FORM 30a. FOLDER FORM OF SERVICE RECORD
(Form 30b and additional cards may be inclosed in this folder for filing.)

[illegible][illegible]

Dept.....										Section.....					
Name.....										Position.....					
SALARY		19	De- fective Work %	Labor Turn- over %	Orders Over- due %	Expense Control %	Times Late	Days Absent	19....	De- fective Work	Labor Turn- over %	Orders Over- due %	Expense Control %	Times Late	Days Absent
Amt.	Date														
		Jan.							Jan.						
		Feb.							Feb.						
		Mar.							Mar.						

FORM 32. FOREMAN'S RECORD—OBVERSE

Trade Ability	Total			
Ability to Plan and Supervise				
Standard quality of work				
Get work out on time				
Place men to best advantage				
Time and cost records				
Keep steady flow of work				
Total				
Ability to Handle Men				
Command respect				
Command good will				
Command confidence				
Understand human relations				
Can explain work to others				
Total				
Character				
Bearing				
Cooperation				
Sense of justice				
Dependability				
Energy				
Initiative				
Judgment				
Resourcefulness				
Tact				
Thoroughness				
Total				
Grand Total				
Date				

FORM 32. REVERSE

FORM 33. MECHANICAL COMPUTATIONS CARD USED FOR ASSEMBLING EMPLOYMENT DATA BY MACHINE

F. ATTENDANCE: PROCEDURE AND SUMMARY RECORDS

1ST HALF OF MONTH	<h2 style="margin: 0;">TIME CARD</h2>						
NAME							
Form No. S 10464							
	MORNING IN	NOON OUT	NOON IN	NIGHT OUT	EXTRA IN	EXTRA OUT	

FORM 34. TIME CARD

LATE SLIP

Name

Address

Dept. **Date** **Time**

Reason

.....

FORM 35. LATE SLIP

(To be filled out by time-keeper and sent to employment office.)

[illegible]

50

[illegible]

52

DAILY ATTENDANCE REPORT

SERVICE DEPARTMENT
EMPLOYMENT DIVISION

DATE _____

DEPARTMENT	ASSIGNED		PRESENT		ABSENT		LATE	ASSIGNED		PRESENT		ABSENT		LATE
	Male	Female	Male	Female	Male	Female		Male	Female	Male	Female	Male	Female	
Officers														
Law Function														
Legal Department														
Accounts Function														
Accounting Department														
Bookkeeping Div.														
Collection Function														
Check Department														
Incoming Mail Div.														
Transit Div.														
Evening Div.														
Night Div.														
Return Items Div.														
Adjustment Div.														

FORM 39. ANOTHER TYPE OF SUMMARY
(Used by a bank)

ABSENTEE SUMMARY										Day Starting at 7 A.M.			
ASSIGNED				ABSENT		P.C. OF ABSENTEES				TOTALS BY SHIFTS			
Product	Misc.	Maint.		Product	Misc.	Maint.		Product	Misc.	Maint.	Assigned	Absent	Absent
1st Shift Males													
1st Shift Females													
2nd Shift Males													
3rd Shift Males													
Total by Depts.													
Grand Totals													
P.C. of Absentees:													
One week ago, _____													
One month ago, _____													
One year ago, _____													
Figured by _____ Checked by _____ Approved _____													

FORM 40. ABSENTEE SUMMARY
(Used by an industrial plant) (Note comparisons.)

EMPLOYMENT DEPARTMENT NOTICE OF FOURTH DAY ABSENCE		DATE
		TIME OFFICE
NAME	CHECK NUMBER	
ADDRESS	DEPARTMENT	
FOREMAN ADVISES:—		
		FOREMAN
REMARKS: 		

FORM 42. WARNING AND FOLLOW-UP ON ABSENCE—OBVERSE

MUTUAL INTEREST DEPARTMENT PLEASE ADVISE CAUSE OF ABSENCE			DATE AND HOUR
			INQUIRER
REQUEST RECEIVED	DATE OF VISIT	ATTEND'G. PHYSICIAN	PROBABLE ABSENCE DAYS
REPORT:—	OUTSIDE CASE	COMPANY CASE	REPORT BY
PLEASE RETURN THIS CARD PROMPTLY TO DEPARTMENT MAKING REQUEST			

FORM 42. REVERSE
(NOTE.—See also Form 54.)

DAILY LABOR REPORT

Percentage of labor turnover _____ Co. _____ 19____
 Posted by departments and transfers in red

Clock No.	NAME	Job	WAGE	PERSONAL DATA			ENGAGEMENTS			TERMINATIONS						RATE CHANGE																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
				Sex	Age	Nationality	Replac't	Inc.	Discharged			Left			Laid Off																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
									Perma- nent	Tempo- rary	Perma- nent	Tempo- rary	Irreg. At.	Insub.	Incomp.		No Work	Better Job	Weak Const.	Grievance	Discipline	No Work																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															

INTERVIEWER'S SUMMARY

REQUISITIONS DUE		APPLICA- TIONS	REJECTIONS			ENTERED IN PROS. FILE	ENGAGEMENTS						REMARKS	
Repl.	Incr.		By Appl'ct	By Inter- viewer	By Med. Exam.		Replacements		Increase of Force		Totals			
							Perma- nent	Tempo- rary	Perma- nent	Tempo- rary	Male	Female	Total	Signed
							M	F	M	F	M	F		

Report of Changes on Different Classes of Work

Date

1541 (C-5-18)									
Class of Work	Normal No. Employees	Hired	%	Left	%	Transferred to Other Wk.	%	Class of Work	Normal No. Employees
COTTON									
Pick and Card. A								English Combing J	
Picker Hands 1								Comb Tenders 1	
Card Grinders 2								Gill Box Tenders 2	
Card Strippers 3								Other Work 3	
Card Tenders 4									
Sweepers 5								French Carding K	
Drawing Hds. Day Wk. 6								Strippers 1	
Drawing Hds. Eve Wk. 7								Gill Box Tenders (men) 2	
Slubber Hands 8								Other Work 3	
Intermediate Hands 9									
Fly Frame Hand								French Combing L	
Press									

FORM 45. SUMMARY OF CHANGES ON DIFFERENT CLASSES OF WORK

DAILY LABOR TURNOVER RECORD													PERIOD BEGINNING													19																
DEPARTMENT																																										
													TOTALS																													
I. Average Normal Force for Month													1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28		
II. Number Hired to Replace Losses																																										
III. Number Hired to Increase Force																																										
IV. Number Hired for Temporary Work																																										
V. Number Transferred from Other Departments																																										
VI. Total Hires																																										
Reasons for Leaving																																										
Death																																										
Marriage																																										
Moved Away																																										
Unpreventable Sickness																																										
Better Position																																										
Returning to School																																										
Other Unavoidable Causes																																										
VII. Total Unavoidable																																										
Accidents																																										
Nature of Work																																										
Dissatisfaction with Wages																																										
Drunkness																																										
Irregular Attendance																																										
Laziness																																										
Not Adapted to Work																																										
Occupational Sickness																																										
Other Avoidable Causes																																										
VIII. Total Avoidable Causes																																										
IX. Those from VIII Discharged																																										
X. Those from VIII Laid Off																																										
XI. Total Leaves																																										
													(XI + I) 13 - % total turnover (per annum basis)																													

QUESTIONS ON SECTION II

1. Compare Forms 1*a* and 1*b* as to procedure involved, and kind and quantity of information needed for filling out. Which seems to you to suggest the greater forethought and the better planned scheme of filling requirements? Why?
2. What additional columns might be provided in Form 2? (Note information called for in Schedule 3 of Chart 4.)
3. Redraft Form 1*b* in such a way as to provide for use of Forms 3 and 4*a*.
4. Compare and criticize Forms 5*a* and 5*b*. Omissions? Superfluous information? Could they be used conveniently as permanent records?
5. What disposition would be made of Form 6*a*? Would a monthly summary of the information on these forms be of any use to the management? What use? Draft a form providing for such a summary.
6. What use are the "nationality" and "church" items on Form 6*b*? Should they be omitted? What disposition would the employment office make of the second half of this form?
7. Explain reasons for procedure called for on Form 7.
8. Compare procedure suggested by Form 7 with that suggested by Form 9. Can you see any reasons for preferring one to the other?
9. Form 13*a* calls for five copies. To whom would they go?
10. Of what use to the employment office is the information called for at the bottom of Form 13*c*? Would any of this information reach the management? How and in what form?
11. Can you see any advantages in using Form 17 rather than Form 16? Should it be necessary for the board of directors to approve routine pay changes?
12. Four copies of Form 22 are called for. To whom should they go?
13. Compare the separation procedure suggested by Forms 20-23 and that suggested by Form 24. (Form 24 is made out in triplicate: one copy going to time-keeper, one to cashier, and one to employment office.) Which do you prefer? Why?
14. Would any of the information on Form 25 reach the management? How?
15. Compare the method of rating suggested by Form 26 and that suggested by Forms 27*a* and 27*b*. Which is preferable? Why? Would your answer depend on the type of work being done? On other factors? Explain.
16. What disposition would be made of the information collected on these rating forms? Who would use it?
17. Criticize Form 29 in detail. Omissions? Superfluities? Compare and contrast with Forms 30*a* and 30*b*, and 31. Which suggests more careful planning? Have you a general preference for either, or would choice depend on type of work and other factors?

18. Compare these records with Forms 84 and 85. Should they all be combined into a single record, or is some of the information superfluous?
19. Is Form 32 adequate? What additional information, if any, should it contain?
20. Draft a form for summarizing the information called for on Form 33. How and by whom would such a summary be used?
21. Outline in full a method (or alternative methods) for following up absences, showing how each of Forms 34-44 might be used.
22. Trace each item shown on Forms 43 and 44, showing the source from which each would be posted.
23. How would Forms 43 and 44 be used? To whom would Form 44 go? Compare these two forms with Form 97. Which method of keeping a continuous record of employment changes would you prefer? Why?
24. Suggest at least five forms which might have been included in this section. Draft them.

III. FORMS AND RECORDS FOR THE TRAINING SECTION

A COMPLETE SET OF FORMS USED BY THE WESTINGHOUSE
APPRENTICE SCHOOL

Westinghouse Electric & Manufacturing Company East Pittsburgh, Pa.

EDUCATIONAL DEPARTMENT

TRADES APPRENTICE APPLICATION FORM

Name in Full..... Date..... 191.....

Present Address.....
No. Street City State

References.....

Remarks.....

I have investigated the Trades Courses of the Westinghouse Electric & Manufacturing Company and hereby apply for an appointment on the course I have indicated. (Mark X after course desired.)

☐ TRACER ☐ PATTERN-MAKER ☐ FOUNDRYMAN ☐ MACHINIST ☐ TOOL-MAKER ☐ ELECTRICIAN

If accepted, I should like to report.....

Signature.....

ACCEPTANCE OF THE APPLICANT IS CONDITIONAL UPON HIS PASSING THE PHYSICAL EXAMINATION OF THE WESTINGHOUSE ELECTRIC & MANUFACTURING CO.'S HEALTH DEPARTMENT.

NOTE—Application should be sent to Educational Department, Westinghouse Electric & Manufacturing Company, East Pittsburgh, Pa., accompanied by a recent inexpensive photograph of yourself.

FORM 47. TRADES APPRENTICE APPLICATION FORM

WEIGHT CHART FOR SELECTION OF TRADES APPRENTICES		WEIGHT	
MENTAL			
(a) Two-year high school at 16		5	()
(b) Observation		5	()
(c) General knowledge		5	()
(d) Attitude		5	()
(e) Self reliance		5	()
Total		25	()
MORAL			
(a) Manners and habits		5	()
(b) Character		10	()
Total		15	()
PHYSICAL			
(a) Appearance		5	()
(b) Activity		5	()
(c) Health		10	()
Total		20	()
GENERAL IMPRESSION			
(a) Tact		5	()
(b) Common sense		10	()
(c) Mechanical aptitude		5	()
(d) Future ambitions		5	()
Total		25	()
MATHEMATICS REFERENCE			
		10	()
		5	()
Total		15	()
GRAND TOTAL		100%	()
APPLICANT..... DATE.....			
COURSE..... INTERVIEWER.....			
ACCEPTED..... 1. COMM. CHECK.....			
REPORTED..... 2. COMM. CHECK.....			
3. COMM. CHECK.....			
AGREEMENT SIGNED.....			

FORM 48. WEIGHT CHART FOR SELECTION

APPRENTICE RECORD

WESTINGHOUSE ELECTRIC & MANUFACTURING COMPANY

Name _____

Section _____

Machine Tool or Work _____

- **Speed.** The rate at which he works as compared with the speed expected.
- **Workmanship.** The grade of the finished work as compared to standard practice.
- **Attitude.** Personal interest shown in his work and his conduct toward superiors and fellow-workmen.
- **Knowledge.** The amount of general information he has, in line with his work.

A = Very Good

B = Average

C = Unsatisfactory

In what does this man excel?

In what is he deficient?

Signed _____

Date _____

Note—Send to Educational Department

FORM 49. APPRENTICE RECORD MADE OUT BY FOREMAN

APPRENTICE SCHOOL—TERM REPORT

Name _____				Term No. _____		Drawing Problems
Machinist	Tool Maker	Pattern Maker	Foundryman	Electrician		
1.—Excellent—2. Good—3: Medium—4. Poor—5. Failure—Passing Grade 70%						
Times Late		Mid. Term Examination				
Times Absent		Final Examination				
Speed		Class Work				
Neatness		Home Work				
Accuracy		Term Average				
Memory		<div style="text-align: center;">General Remarks:</div> <div style="display: flex; justify-content: space-between;"> Signed _____ Date _____ </div>				
Reasoning Power						
Observation						
Effort						
Attitude						
Department						

FORM 50. APPRENTICE CLASSROOM REPORT

Characteristic		Excellent	Good	Average	Poor	Unsatisfactory	
Personality	Physique						
	Bearing						
	Neatness of person						
	Cheerfulness						
	Enthusiasm						
	Courtesy						
Character	Health						
	Ambition						
	Thrift						
	Honesty						
	Freedom from	Drink					
		Gambling					
Immoral acts							
Education	Common sense						
	Leadership						
	Application						
	Tact						
	Home Training						
Attitude	Toward his superiors						
	Toward his associates						
	Toward his instructors						
	Toward his work						
	Mechanical aptitude						
Remarks:							
<div style="text-align: right;">Signed _____</div> <div style="text-align: right;">Date _____ 191__</div>							

FORM 51. FORM USED FOR OBTAINING INFORMATION ABOUT APPLICANT
BY MAIL

APPRENTICE RECORD

WESTINGHOUSE ELECTRIC AND MANUFACTURING COMPANY

Name in Full _____			
Local Address _____			
Date of Birth _____	Height _____ ft.	Inn. Weight _____ lbs.	Nationality _____
Date Left Public School _____	Last Grade Passed _____		Years in High School _____ Date Left _____
Other School Work Previous _____		Other School Work Now _____	
Mathematics _____		Mechanical Drawing _____	
		Date Began Course _____	

PREVIOUS PRACTICAL EXPERIENCE

KIND OF WORK	WITH WHOM	WHERE	HOW LONG

Father's Name and Address _____																			
Father's Business _____																			
CLASS RECORD																			
CLASS	Date	Term	Day	Late	Absent	Speed	Neatness	Accuracy	Memory	Reasoning	Observation	Effort	Attitude	Grade in %	Electrician	Machinist	Tool-maker	Pattern-maker	REMARKS

Dwg.																			
Prob.																			
Eng.																			
Dwg.																			
Prob.																			
Eng.																			

[illegible][illegible]

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QUESTIONS ON SECTION III

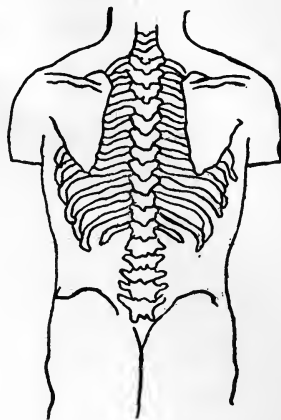
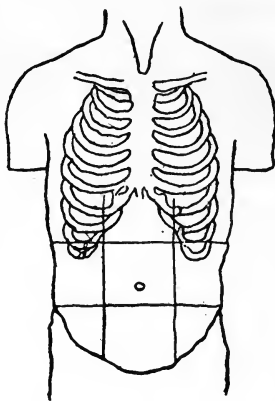
1. Make up a weight chart for a school for salesmen corresponding to that shown in Form 48.
2. What should be the final disposition of Form 52?
3. What information should be contained in the "follow-up" suggested in Schedule 9 of Chart 4? Draft a form providing for a summary of the information secured in such a follow-up for the information of the management.
4. Can you suggest additional information about its training school which the management should have?
5. Draft a school record for the foremen attending a foremanship school in some specific industry.

IV. FORMS AND RECORDS FOR THE HEALTH AND SAFETY SECTION

A. HEALTH

Health & Sanitation Department			
Name		Age	
Address			
Dept.		No.	Date
Gen. Appearance			
Eyes:	Vision Dist 10 Ft.	} R- L-	
Ears:	Hears Watch	} R- L-	Inches Inches
Nose			
Throat			
Tongue®			
Teeth			
Neck			
Chest Contour			
Heart			
Lungs			
Abdomen			
Extrem.	} Upper Lower		
Ing. Reg.			
G. U			
Spine			
Skin			
Reflexes			

FORM 53. A SIMPLE TYPE OF PHYSICAL EXAMINATION RECORD—OBVERSE



Pulse

B P.

Urinalysis

Color

Alb.

Ppt.

Sugar

Sp. Gr.

Microscop

React.

Summary

FORM 53. REVERSE

EMPLOYMENT DEPARTMENT	
CHECK NO. _____	DATE _____
NAME _____	
ABSENT CARD	
FOREMAN _____	
DEPARTMENT _____	
In compliance with your request, arrangements have been made to have the above mentioned employee	
EXAMINED BY THE MEDICAL DEPARTMENT	
INTERVIEWED BY THE EMPLOYMENT DEPARTMENT	
The man will not know that you made this request unless you tell him.	
DIRECTOR OF EMPLOYMENT	

PART I

LIFT THIS CARD DATE _____ SEND TO EMPLOYMENT DEPT	
CHECK NO. _____	DATE _____
NAME _____	
ABSENT CARD	
TIME-KEEPER	
THE ABOVE MENTIONED EMPLOYEE HAS BEEN ABSENT FROM WORK ON ACCOUNT OF	
SICKNESS _____	INJURY _____
ABLE TO RESUME WORK	
DATE _____	MEDICAL DEPARTMENT _____
EMPLOYMENT DEPARTMENT THE ABOVE EMPLOYEE RESUMED WORK	
DATE _____	TIME-KEEPER _____
<u>INSTRUCTIONS</u>	
TAKE THIS CARD TO	
PHYSICAL EXAMINATION DEPT.	
GET ABOVE NOTICE OF ABLE TO RESUME WORK CERTIFIED TO BY MEDICAL DEPARTMENT. THEN BRING THIS CARD TO CLOCK HOUSE AND YOU WILL BE GIVEN YOUR CLOCK CARD	

PART 2

FORM 54. A CARD SHOWING PROCEDURE IN CHECKING UP ON REPORT OF
ABSENCE DUE TO ILLNESS

Hospital Notice to Foremen	
Date _____	
Name _____	No. _____
Is able to do regular work beginning _____	
Returned to work.	Date _____ Hour _____
Foreman _____	
Foreman will sign and return to Hospital	

FORM 55. NOTICE FROM HOSPITAL TO FOREMAN OF EMPLOYEE'S ABILITY TO
WORK

SICKNESS SLIP				
NAME _____		NO. _____		DEPT. _____
ADDRESS _____		AGE _____		DATE _____
DURATION D. W. D.	PHYS. EXAM.	DIAGNOSIS	TREATMENT	
Coryza	Coryza	Coryza	Hygienic and Diet	
Cough	Spts. on tons.	Tonsillitis	Magn. Sulph.	
Sore Throat	Red Throat	Bronch.	Castor Oil	
Chills		Pharyngitis	Hot Water Bottle	
Feverish		Laryngitis	Alk. Antisept. Tabs.	
Hoarseness		Gastritis	Stron. Salic.	
Backache		Gastroent.	Syr-Hydriotic Ac.	
Nausea		Constipation	Elix. Brom Comp.	
Dizziness		Carious Tooth	Sod. Bicarb.	
Vomiting		Malaise	Tr. Benz. Comp.	
Diarrhoea		Myalgia	Silver Nit. 4 per cent	
Constip.		Furunculosis	Migrain Tabs.	
Abd. pain			Strapped	
Headache	T.		Thermolite	
Toothache	P.		Capsolin	
REMARKS:				

FORM 56. HOSPITAL RECORD OF DIAGNOSIS AND TREATMENT
(Posted to Hospital Summary and Workman's Record.)

WEEKLY SUMMARY							
Week Ending 19							
ITEMS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
Number of Patients							
No. of New "							
Extractions							
Cleanings							
Treatments							
" Changed							
Amalgam Fillings							
dent							

FORM 57. DENTAL OFFICE SUMMARY

B. SAFETY

REPORT OF SAFETY MEETING		Date
Held (Date)		Number of pages
From	Department	Page
To HEALTH & SAFETY DEPARTMENT		Copies to
Those present:—		
Subjects discussed:—		
Recommendations:—		
Signed		

FORM 59. RECORD OF SAFETY MEETING

Name	Pass No.
Employed as	Dept. Mill No. Div.
The above named employee was this day found committing the following act in viola-	
tion of the rules of the Company and warned against a repetition of the offence and	
advised of the danger.	
Signed:	
Overseer.	
This notice is to be mailed to the Employment Department.	

FORM 60. NOTICE OF WARNING TO EMPLOYEE OF SAFETY RULE VIOLATION

FOREMAN'S ACCIDENT REPORT

TO FOREMAN:

Fill out permission section, using carbon paper for duplicate. Send whole form to hospital with employee. Hospital will make out bottom section in duplicate and return to foreman by employee. Foreman will then complete accident report in duplicate, **sign personally**. SEND ORIGINAL TO HEALTH AND SAFETY DEPT., IMMEDIATELY and keep copy.

Permission is given _____
 No. _____ to visit hospital for treatment.
 Signed _____ Foreman
 Time _____ Dept. _____ Date _____

The above has received treatment at the hospital and is unable to continue at work.

Signed _____ H. & S. Dept.
 Time _____ Date _____
 Remarks _____

FORM 61. FOREMAN'S ACCIDENT REPORT—OBVERSE

HOW DID ACCIDENT OCCUR?

WHERE DID ACCIDENT OCCUR?

TIME

WITNESSES---2 Names and Nos.

WHAT HAVE YOU DONE TO PREVENT RE-
 RENCE?

SIGNED _____ Foreman
 DEPT _____ SHIFT _____ DATE _____

FORM 61. REVERSE

PHYSICIAN'S REPORT OF ACCIDENT		
Name	Address	Age
Department	Overseer	Occupation
Length of experience here and elsewhere in this employment	Piece or time worker	No. of Dependents
Guardian if a Minor	Nationality	Interpreter
Date of Accident	Date Reported	M. F.
		M. S. W.
Patient's Description of Accident		Injury Described by Physician

FORM 62. PHYSICIAN'S ACCIDENT REPORT

(NOTE.—The back of this form is used by the physician for a record of treatment.)

Release No.

ACCIDENT TIME BILL

No. Mill

Room

Pay

For hours at \$

Manchester, N. H. 19

..... Overseer

ACCIDENT REPORT

Name of person injured

Date of Accident

How long has this person
worked for the Corporation ?

Married or single ? No. of Dependents

In your opinion, is this person honest
regarding injury and worthy of a
fair percentage of time lost ?

In your opinion is there any liability
on the part of the Corporation ?

Special remarks about this accident

.....

.....

This report with Time Bill attached, both properly filled out, to be sent to
..... Co., Accident Dept., in a sealed envelope. The same to
be sent by Company's Mail service when person injured returns to work.

..... Overseer

FORM 63. ACCIDENT REPORT AND TIME BILL TO BE FILLED OUT BY FOREMAN

WORKMEN'S COMPENSATION ACT—MASSACHUSETTS

The Travelers Insurance Company

Hartford, Connecticut

Upon the occurrence of an accident, send one notice to Branch Office, The Travelers Insurance Company, Rooms 810-812 Third National Bank Building, Springfield, Mass.

Within forty-eight hours after the occurrence of an accident, send one notice to the Industrial Accident Board State House, Boston, Mass. See 18, Part 3, Chap. 751, of the Acts of 1911 and amendments thereto provides: "Any employer who refuses or neglects to make the report required by this section shall be punished by a fine of not more than \$50 for each offence." Return to be made within 48 hours after accident occurs.

AN ANSWER SHOULD BE MADE TO EVERY QUESTION

REPORT OF A PERSONAL INJURY TO AN EMPLOYEE

REPORT NO. 1

SEC. A. EMPLOYER, PLACE AND TIME.	1. Employer's name.....	2. Average number of employees { Male..... Female.....
	3. Office address: Street and No.....	
	4. City or town.....	
	5. Business (state exact nature).....	
	6. Location of plant where injury occurred.....	
	Street and No.....	City or town.....
	7. Date of injury.....	8. Day of week.....
	9. Hour of day.....	
	10. If employee did not leave work on day of injury, on what day did incapacity begin?.....	
SEC. B. INSURANCE.	1. Are you insured to provide payment to injured employees under the Workmen's Compensation Act?.....	
	2. If so insured, give name of insurance company (not name of agent).....	
	3. If a city, town, county or district, state whether Workmen's Compensation Act has been accepted.....	
	4. Has injured employee given notice in writing, reserving common law rights?..... 5. If so, when?.....	
SEC. C. INJURED PERSON.	1. Name of injured employee.....	
	2. Address.....	
	3. Sex.....	4. Age.....
	5. Married or single.....	
	6. Occupation.....	
	7. To what department or branch of work?.....	
	8. Was this the regular occupation of employee?.....	
	9. If not, state regular occupation.....	
	10. Was injured employee piece or time worker?.....	
	11. Wages, or average earnings weekly.....	
	SEC. D. CAUSE.	1. Name of machine, tool, appliance, etc., in connection with which injury occurred.....
2. Hand fed or mechanical.....		
3. Describe fully how injury occurred.....		
4. Part of machine on which injury occurred.....		
5. Is it possible to provide a guard, safety appliance, or regulation in connection with this machine that might have prevented this injury?.....		
SEC. E. NATURE OF INJURY.	1. Part of person injured (state whether right or left in case of arms or hands).....	
	2. Nature of injury, as near as possible.....	
	3. Attending physician or hospital where sent, name and address.....	
	4. State probable period of disability (number of days employee is expected to be absent from employment, dating from day of injury).....	
	5. Has Employee returned to work?..... If so, give date.....	
Date of report.....		Made out by.....
<p align="center">☞ SUPPLEMENTAL REPORT</p> <p>A Supplemental Report should be filed: Immediately after the return to work of the employee; if employee does not return to work within 60 days, at the end of such period; in every case, where an employee does not return to work within 60 days after the occurrence of the injury, a second report must be made to the Board at the end of the period of disability.</p>		
Name of injured person.....		Date of injury..... 191.....
Present address of employee: Street and No.....		Previously reported..... 191.....
Name of employer.....		City or Town.....
SEC. F. EXTENT OF INJURY.	1. What incapacity resulted to the employee by reason of this injury? State nature exactly, or as near as possible.....	
SEC. G. DURATION OF DISABILITY.	1. Has injured person returned to work?.....	
	2. Date of return.....	
	3. At what occupation.....	
	4. Present rate of wages per week?.....	
	5. If injured person not yet at work, state probable length of further non-employment.....	
Date of report.....		Made out by.....

**FORM 64. FORM SHOWING INFORMATION CALLED FOR BY WORKMEN'S
COMPENSATION ACT**

[illegible]

FORM 66. REVERSE

DEPARTMENTAL ACCIDENT RECORD FOR MONTH OF _____ 19__.

DEPARTMENT	ATTENDANCE	NUMBER OF ACCIDENTS ACC. PER 1,000 EMPLOYEES			HOURS LOST			HOURS WORKED	PERCENTAGE HOURS LOST TO HOURS WORKED	CAUSES OF L. OF T. ACCIDENTS				NATURE OF INJURY FROM L. OF T. ACCIDENTS								
		All	Loss of Time	Compen- sation	Previous Accidents	This Month's Accidents	Total This Month			Carelessness of Fellow Employee	Carelessness of Injured Employee	Unguarded or Defec- tive Con- dition	Non Pre- ventable	Laceration	Abrasion	Contusion	Puncture Incision	Sprain Strain	Burn	Foreign Body	Fracture	
Inspection																						
Tire																						
Tube																						
Cutting																						

FORM 67. MONTHLY DEPARTMENTAL ACCIDENT SUMMARY

LOSS OF TIME ACCIDENT RECORD

CASE NO.	PERSONAL RECORD				ACCIDENT RECORD				OUTSIDE			
	Name Card No.	Age	Nationality		Date Time	Location	Cause	Nature	X-Ray	Fisk Hospital Treatment	Hospital Physician	Treatment

MONTH OF _____

RESULT RECORD

Date of Return	Hours Lost	Compensation				Physical Result	Responsibility for Accident	Action Taken	REMARKS
		Rate	Amount	Partial Disability	Specific Injury					Other Charges

FORM 68. SUMMARY RECORD OF LOSS OF TIME FROM ACCIDENTS

NOTE.—In original form, lower half of this page is a continuation of upper half, data being carried through for each case on a continuous sheet.

STATISTICAL REPORT

SICK AND ACCIDENT

ACCIDENTS TREATED AT HOSPITAL

From _____ To _____

Wounds	Eye	Ear	Face	Scalp	Skull	Arm	Elbow	Wrist	Hand	Leg	Knee	Ankle	Foot	Abd.	Chest	Back	Total
Lacerated																	
Abrased																	
Contused																	
Punctured																	
Incised																	
Burns																	
Sprains																	
Strains																	
Dislocations																	
Fracture																	
Infected																	
Foreign Body																	
Total																	

DISEASES TREATED AT HOSPITAL

From _____ To _____

EYES

Eye strain	
Infection	
Conjunctivitis	
Stye	
Total	

EAR

Otitis media	
Total	

NOSE

Catarrh	
Coryza	

EXTREMITIES

Infection arm	
Infection hand	
Infection finger	

FORM 70. ANOTHER FORM OF SUMMARY REPORT

QUESTIONS ON SECTION IV

1. Who would need access to Form 53? Should copies be maintained by more than one office? Any reasons for limiting its accessibility?
2. Form 54 is made up of three parts, part one being in duplicate and the duplicate parts of the three cards being filled out with the use of carbon paper. Trace the procedure involved.
3. Criticize Form 58 in detail. Superfluities? Omissions? Any information you would object to having gathered? Explain your answer. Would any of this information reach the management? How and why?
4. Compare Forms 65 and 66. Trace each item to its source, outlining procedure involved in getting the information, and explaining why the information is needed. Do the requirements of Form 64 explain the need of all the items? What should be the final disposition of these two forms? How much of this information would the management need to get, in what form, and why?
5. Draw up a form for a monthly inspection report on physical conditions about the plant.
6. Outline in detail the procedure involved in dealing with an individual accident case as suggested by the forms in this section.
7. Suggest at least three additional forms which might have been included in this section. Draft them.

V. FORMS AND RECORDS AT THE DISPOSAL OF THE RESEARCH AND PLANNING SECTION

INTRODUCTORY NOTE

In the assumed scheme for a personnel department around which the material of this manual is organized, the research and planning section is charged with such functions as the following: analysis of data relating to wage rates and recommendations based on its analyses; similar duties as to hours from various points of view; any other statistical studies or investigations of conditions within or outside the plant; the planning of the labor budget; any special cost studies desired, as of accidents, turnover, or the administrative costs of the department; schedules of future requirements; the preparation of periodic statistical summary reports of all phases of personnel department operations.

Some of this work may actually be carried out by other sections of the department. For example, fatigue studies may be made by the health section alone or in co-operation with members of the research section. For convenience, however, it is assumed that all research, planning, and statistical work is centered in the one section.

Only part of the data for the work of this section can be secured from the routine records of the plant. Much of it will come from special investigations inside and outside the plant, and for these, obviously, no routine standard forms will serve. Forms 105-108, and Chart 4 on pages 12 and 13 will suggest the character of some investigations of this type.

One of the most important functions of the section will be the collection and analysis of data bearing on wage determination. In any plant the actual system of rates arrived at will be the resultant of many variables, including among the most important the market or "going" rates for the community, trade, or industry, costs and standards of living, the bargaining power of the parties to the wage contract, administrative convenience, production costs and individual efficiency, general business conditions, the regularity of employment and the prosperity of the individual industry and plant.

It has been thought worth while to illustrate specifically in this section standard forms bearing on only one factor or group of factors: those having to do with efficiency and production costs. Those presented include time and motion study forms (71-74): a sampling of production control and cost accounting forms sufficient to suggest

methods of compiling labor costs (75-82);¹ a summary graphical wage record (83); two somewhat elaborate individual production records (84-85); and three forms illustrating schemes of wage classification based on occupational rating (86-88).

As far as production costs and much other plant data relating to wages are concerned, the personnel department will depend typically on the production department and its planning division, the cost accounting organization, and the payroll division for the actual collection of the information. The research and planning section will be concerned only with the analysis of the data with reference to the task of setting and revising wages, and the records needed will be secured in duplicate or borrowed for this special purpose. It is obvious, however, that the task of the section cannot be performed effectively without the closest familiarity and contact with the procedure involved in the maintenance of the records.

¹ Forms 75-82 are taken from the production control scheme of the Westinghouse Electric and Manufacturing Co., which uses a "modified" Gantt system with task and bonus scheme of payment. The principles underlying this system will be found in Gantt's *Work, Wages and Profits*. Full explanation of forms similar to those illustrated here, however, can be obtained from any standard work on factory management.

A. TIME AND MOTION STUDY

Request for Service of Cost Dept. by Dept.	
Date	Wanted
Subject	
Operation	
EXPLAIN IN DETAIL WORK TO BE DONE	
Is there a present piece rate?	
What is it?	
Why is new rate needed?	
Is there an experienced worker available for the studies?	
Name	
If no piece work rate, give cost in time work.	
Average rate earned.	
Give Approx. No. of orders per year.	
Give Approx. Quantities per order.	
Total	Sample File No.
Signed	

FORM 71. REQUEST FOR JOB SURVEY—OBVERSE

COST DEPT. RECORD					
		BY	DATE	DATE	DATE
Received					
Assigned to					
Summarized					
Date Figured					
Date Typed					
Sent for approval					
Rate cards typed					
CHANGES MADE IN METHODS					
Present Hours Per			Present Rate Per		
Revised Hours Per			New Rate Per		
Saving in Hours Per			Saving Per Doz.		
Total Hours Per Year			Saving in Hours Per Year		

FORM 71. REVERSE

[illegible]

FORM 72. "OVER-ALL" TIME STUDY SHEET

TIME STUDY OBSERVATION SHEET															Sheet of		Sheets																									
Catalogue No. _____ Name of Machine _____ Season Order _____ Operation _____ Dept. _____ Bldg. _____ Floor _____ Opr's & Helper's Ck. Nos. _____															Tools on Hand		Should be		Light?		Sanitation?		H.S.? Carbon?																			
Spindle R.P.M. _____ Speed In Feet _____ Feed per Min. _____ Feed per Rev. _____ Depth of Cut _____ Gauge Limits _____ Distance Carried _____ Standard Time For Operation _____ Min. % Allowance For _____ % Allowance For _____ % Added For Efficiency _____ Total Time For Operation _____ No. of Operators on Job _____ Rate per 100 Pieces _____ Old Rate _____ Increase in Productivity _____ Instruction Card Used _____															Should be		Condition of Belt?		Coolant?		Equipment?		Improvements?		Stock up Time		Trucking Time		Tool Cuts													
CLASSIFICATION OF WORKMAN AND JOB															Min.		Max.		Min.		Max.		Min.		Max.																	
Fast _____ Heavy Job _____ Slow _____ Medium Hvy. _____ Average _____ Light Job _____ Consistent _____ Standing _____ Spasmodic _____ Sitting _____ General _____ Oily _____ Dusty _____ Wet _____ Dangerous _____															Min.		Max.		Min.		Max.		Min.		Max.		Min.		Max.													
DETAIL OPERATIONS															Min.		Max.		Min.		Max.		Min.		Max.																	
Largest Dimension of Piece _____ Weight of Piece _____ Pieces in Truck _____ Length of Hole _____ Diameter of Hole _____ Material _____ Number of Holes _____ Machine No. _____ Jig Type _____ Time _____ The above nine items to be used in calculating piece work rates, using Rockford standards															Min.		Max.		Min.		Max.		Min.		Max.		Min.		Max.													
Tools Used															1		2		3		4		5		6		7		8		9		10		Average		Min.		Standard			
1																																										
2																																										
3																																										
4																																										

Ret'd		Dept.	Check No.
Iss'd			
Time Taken			Name
Time Allowed			Reason
Time Each	Pieces		
Dwg. L. Spec.	Style Item	Part	
Operation			
Remarks			
Foreman		Rate Setter	
FALL DOWN CARD			

FORM 74. FOLLOW-UP OF TIME-STUDY: A FALL-DOWN CARD

B. PRODUCTION ROUTING AND COST COMPILATION

ORDER NO.	MACHINE NO.
TO BE STARTED	DWG. NO.
TO BE FINISHED	ITEM NO.
PART NAME	TIME REQUIRED PER
	OPERATION NO.
OPERATION NAME	NO. OF PIECES
	CLASS OF MACHINE
PRICE PER	TOOL NO.
	NEXT MACHINE
STANDING ORDER	

FORM 75. STANDING ORDER CARD

OPERN. NO.	DRAWING NO.
PART	ITEM NO.
OPERATION	
MATERIAL	
TIME FOR FIRST PIECE	HRS. EACH ADDITIONAL PIECE HRS.
MACHINE TOOL NO.	
DESCRIPTION OF MACH.	
REMARKS	
DATE	

FORM 76. INSTRUCTION CARD—OBVERSE

[illegible]

FORM 76. REVERSE

[illegible]

JOB ORDER ADVICE TO TIMEKEEPER			
ORDER No.		CHECK No.	
AMOUNT	OPERATION		
DRAWING No.	ITEM	PATTERN No.	
DATE	TIME STARTED	TIME FINISHED	
Foreman _____			

RET'D ISS'D				STYLE AND ORDER NO.	
MAN'S NAME				MAN'S NO.	
TIME ALLOWED		TIME TAKEN		DRAWING OR L. SPEC.	
BONUS		HOURLY RATE		ITEM	PATT. NO.
PAY FOR		WAGES		MACHINE NO.	
NAME OR PART OF JOB					
OPERATION NAME		OPER. NO.	SERIAL NO.	NO. PIECES FINISHED	FINISHED
					NOT FINISHED
					TRANSFERRED
					BREAK DOWN
					CAUGHT UP
ENTERED IN		COUNT CORRECT		QUALITY CORRECT	
LAYOUT CLERK	PAY SHEET	COST SHEET	RECORD SHEET		
				MOVE MAN	
				FOREMAN OR INSPECTOR	

[illegible]

[illegible]

FORM 81. WORKMAN'S WEEKLY SUMMARY REPORT

[illegible][illegible]

99

PERIOD

FACTORY...

DEPT.

AS BELOW

WEEK ENDING	FARMING	Price Change	PROD.
1			53
2			54
3			55
4			56
5			57
6			58
7			59
8			60
9			61
10			62
11			63
12			64
13			65
14			66
15			67
16			68
17			69
18			70
19			71
20			72
21			73
22			74
23			75
24			76
25			77
26			78
27			79
28			80
29			81
30			82
31			83
32			84
33			85
34			86
35			87
36			88
37			89
38			90
39			91
40			92
41			93
42			94
43			95
44			96
45			97
46			98
47			99
48			100
49			101
50			102
51			103
52			104
53			105
54			106
55			107
56			108
57			109
58			110
59			111
60			112
61			113
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64			116
65			117
66			118
67			119
68			120
69			121
70			122
71			123
72			124
73			125
74			126
75			127
76			128
77			129
78			130
79			131
80			132
81			133
82			134
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133			185
134			186
135			187
136			188
137			189
138			190
139			191
140			192
141			193
142			194
143			195
144			196
145			

NOTES:

FORM 83. WEEKLY GRAPHICAL WAGE RECORD

C. INDIVIDUAL PRODUCTION RECORDS

Check No.	Name	Address	Chg. to	Chg. to	Man	Woman	Colored	Night Sch.	1st Pr.	2nd	Write	Date Emp.	Per. Serv.	Quit Duc.	Per. Laid off	Serr.	E.H.L.A.																							
PERIOD ENDING	No. of Weeks	Department	Class of Work	Straight Time, Hrs.	Overtime, Hrs.	Percent of Time on Job P.m. and Bonus	Special and Attend. Bonus	Percent of Attend. Bonus Earned	Total Earnings	Total Av. Hour Earn	Rate Class	Base Hourly Rate	Guarantee Bonus	Q-Rogues	V-Review	Date	Approved by	Late-Percent	Un-Ex. Abs. Percent	Value of Work Spoiled	Value of Tool Bkns.	Percent of Bonus Time Used	Prem. Time Used	Speed	Accuracy	Neatness	Know. of Work	Abl. to Learn	Industriousness	Reliability	Initiative	Interest	Confidence	Co-operation	Broad Mind	Leadership	Conduct	Habits	Average	End Efficiency

FORM 84. INDIVIDUAL PRODUCTION RECORD

(NOTE.—The back of this card is used for service record.)

The Babcock Wage Formula,¹ in connection with which the information called for by Form 85 is as follows:

The equation is

$$r = \left[\left(\frac{K[B(1+i+m+ny)+R](1+2e)}{V(1+1.3E-3.e)(1+.35P_a)+S} \right) (P_t + P_d(1+.5e)) \right] C$$

and for the determination of labor and indirect cost (not including materials) is:

$$X = (r(1+j) + R)t$$

The definitions of terms follow. They are common in both equations:

r = Base hourly rate man is to receive

K = A constant, when V is 100 per cent, to bring worker under standard conditions to standard rate

B = Fundamental base rate, temporarily that of 1905

i = Percentage of increase in living since 1905, taken on the 15th of January, April, July and October

m = Percentage allowed for each extra process known or learned

n = Percentage allowed for years of connected service

y = Years of such service

R = Fixed charges rate per hour which man has chance to modify

e = Percentage of premium earned on time allowance

V = 100, which is the standard accomplishment per cent

E = Standard premium task time set

P_a = Percentage of time absent or late

S = Value of spoiled work per producing hours worked

= Percentage of time under task

= Percentage of time spent on non-task or straight time work

C = Co-operation and conduct

X = Labor and fixed charge cost

t = Time taken to do work

¹ Adapted by permission from G. D. Babcock, "The Taylor System in the Franklin Shops" in *Industrial Management* for January, 1917, since republished in book form.

D. OCCUPATIONAL RATING AND WAGE STANDARDIZATION

JOB SPECIFICATIONS		Job No. B-7
Job Name BELTMAN		
Departments _____		
DESIRABLE EMPLOYEES' QUALIFICATIONS		
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	ENGLISH <input checked="" type="checkbox"/> Speak <input checked="" type="checkbox"/> Read <input checked="" type="checkbox"/> Write	SCHOOLING <input checked="" type="checkbox"/> Public <input type="checkbox"/> High <input type="checkbox"/> Technical <input type="checkbox"/> University
NATURE AND CONDITIONS OF WORK		
<input checked="" type="checkbox"/> Floor	<input checked="" type="checkbox"/> Standing	<input type="checkbox"/> Heavy or Fatigue
<input checked="" type="checkbox"/> Bench	<input type="checkbox"/> Sitting	<input checked="" type="checkbox"/> Medium
<input checked="" type="checkbox"/> Machine	<input type="checkbox"/> Snapping	<input checked="" type="checkbox"/> Light
		<input type="checkbox"/> Quick
		<input type="checkbox"/> Rough
		<input checked="" type="checkbox"/> Close
		<input type="checkbox"/> Exacting
		<input type="checkbox"/> Hot
		<input type="checkbox"/> Cold or Outside
		<input type="checkbox"/> Fumes
		<input type="checkbox"/> Acids
		<input checked="" type="checkbox"/> Dirty
		<input type="checkbox"/> Greasy
Kindred Occupation _____		
Machine Tools Operated SEE NOTE		
Personal Hand Tools Required BELTMAN'S TOOLS		
Approximate time required to train an inexperienced employee to do this work _____		
RATE DATA		
<input type="checkbox"/> Day work job <input type="checkbox"/> Piece work job		
Day Work Rate	is from (a) _____	(b) _____ (c) _____
hour	Starting rate	hour is from
day	_____	day _____
week	_____	week _____
hour	is from	hour are from
day	_____	day _____
week	_____	week _____
Base Rate	Approximate Piece work earnings	Bonus or Premium
Overtime	_____	_____
Remarks _____		

FORM 86. JOB SPECIFICATIONS CARD USED AS BASIS OF OCCUPATIONAL RATING AND WAGE DETERMINATION—OVERSE

Job Name BELTMAN

Job No. _____

B-7

THE DUTIES OF THIS JOB ARE:

To install and maintain all kinds of power transmission and conveyor belting.

NOTE: At some Works the duties of this job also involve the operation of a power scarfing machine.

THE NECESSARY EMPLOYE QUALIFICATIONS TO FILL THIS JOB ARE:

- (1) Must be a thoroughly experienced beltman able to make, repair and install belts of any material for all kinds of power transmission and conveying purposes.
- (2) Must be handy in the use of beltman's tools such as knives belt scraper, belt hoe, belt shave, long skiver, punch, awls, and clamping tools.
- (3) Must be able to figure and measure belt lengths, thickness, and widths, for all sizes of pulleys, making necessary allowances for splicing and cementing.
- (4) Must be capable of squaring, scraping, splicing and cementing or punching and lacing all sizes of belts, and be familiar with the different kinds of belt fasteners and belt cements.
- (5) Must be able to repair and splice large belts in place and be experienced in dressing and treating belts.
- (6) Must be an active, careful workman, possess good eyesight, observant to avoid accidents and capable of working from ladders or elevated structures.
- (7) Must know the dangers involved and be thoroughly familiar with all "safety first" rules and also be capable and willing to follow such instructions very carefully.
- (8) Must be capable of directing helpers.

Remarks _____

FORM 86. REVERSE

Ind. Rel. Dept. Rate Division		DEPARTMENT RATE SURVEY						No. of Sheets _____	
		Dept. No. _____		Dept. Name _____		Date _____ 19__		This Sheet No. _____	
Occ. Name									
Occ. No.									
GRADE		RATE—No. MEN	RATE—No. MEN	RATE—No. MEN	RATE—No. MEN	RATE—No. MEN	RATE—No. MEN	RATE—No. MEN	RATE—No. MEN
A									
B									
C									
D									
E									
F									
AVE. RATE									
TOTAL No.									
GRADE		RATE—No. WOMEN	RATE—No. WOMEN	RATE—No. WOMEN	RATE—No. WOMEN	RATE—No. WOMEN	RATE—No. WOMEN	RATE—No. WOMEN	RATE—No. WOMEN
A									
B									
C									
D									
E									
F									
AVE. RATE									
TOTAL No.									

[illegible]

Copyright by Metropolitan Life Insurance Company, 1921:

FORM 88. SALARY CLASSIFICATION SHEET

(Used in a commercial business)

QUESTIONS ON SECTION V

7. Make a list of the measurable factors involved in the setting of wage rates. How can each be measured? How accurately?
2. What is the purpose of the analysis called for by Form 71? Explain the reason for each of the items contained on this form.
3. What are the main differences between Forms 72 and 73? Under what circumstances might either be preferable to the other?
4. Would the personnel department be interested specifically in Form 74? If so, why? What use could be made of it?
5. Trace the procedure involved in the use of Forms 75-79. How is the personnel department interested in these forms?
6. Would the personnel department wish to receive and maintain duplicate records of Forms 81 and 82? Post this information to the man's service record? Receive the duplicates and compile summary records of them? If the last, what kind of summary records and for what purpose?
7. What are the purposes of Form 83? Do Forms 81, 82, and 83 throw any light on the sources of the information called for by Schedules 12, 14, and 15 in Chart 4? Would you suggest modifications of these forms to assist in making up those schedules? Can you draft a summary form for recording the information called for by these schedules?
8. How about Form 84—do the items called for here throw any light on the form which summary wage records for the personnel department should take?
9. What type of wage system is suggested by Form 84?
10. Trace each of the items posted on Form 84 to its source, indicating procedure for obtaining it.
11. Do the same with Form 85.
12. The formula shown in connection with Form 85 is an effort to provide for and express mathematically all the factors involved in rate determination. The individual worker's wage is thus determined automatically. Does this do away with the need for Schedules 12-15? Does it suggest additional data which should be collected? Does it suggest the need for additional summary records?
13. What do you think of the expediency of maintaining a record like Form 85 in the average plant? Why? How could you judge?
14. Look through the factors provided for in the formula. What method would you use in determining the quantitative value of each: for example, B , m , n , C ? Should the worker be consulted?
15. Form 86 is to be used as the basis for a scheme of classifying wages by occupational rating. Just how does it assist in setting a rate? How determine that one job is "worth" more than another? How determine how much more? What should be the initial job with which comparisons are to be made? What the initial base rate? Why?

16. Who should use the rate cards in this rating scheme? Should the worker help rate his own job? Determine the pecuniary difference between jobs? What would be the advantages of an occupational rating system? The weaknesses?
17. What are the uses of Form 87? Any help in the wage schedules in Chart 4?
18. What are the uses of Form 88? Does it suggest an "occupational rating" scheme?

VI. MISCELLANEOUS FORMS—PROFIT-SHARING, INSURANCE, AND BENEFIT

CONTRACT

Dennison Manufacturing Company

CONTRACT FOR EXTRA REMUNERATION WITH EMPLOYEE INDUSTRIAL PARTNER

(Not a Contract of Employment)

DENNISON MANUFACTURING COMPANY (Inc'd 1911) and

hereinafter called Employee Industrial Partner (or E. I. P.), in consideration of the following promises and agreements, do hereby contract as follows:

(1) That this contract is effective experimentally and is subject to termination by the Company at the end of any year, but unless so terminated shall continue for a period of five years from January 1, 1920.

(2) That the provisions of the Employees' Industrial Partnership Plan printed on the back of this contract are made a part of this contract.

(3) That at the time of signing this contract, the name of said E. I. P. has been placed upon the list of Employee Industrial Partners.

(4) That said E. I. P. will be entitled so long as he remains an E. I. P. to receive as extra remuneration for his services during each calendar year, his proportional share of the E. I. P. Fund for that year.

This extra remuneration shall be paid him in Employee Industrial Partnership certificates or stock, (with a cash payment in adjustment of any remaining amount due of less than ten dollars).

(5) This contract is made subject to the Agreement of Association and By-laws of the Company and to any changes which may be made in the same. It may be modified in detail by agreement between the General Works Committee and the Company.

(6) In case of his death, said Employee Industrial Partner hereby designates as beneficiaries of this contract and to be the holders of the Second Preferred stock to be issued in place of his E. I. P. certificates or stock, the persons whose names and permanent home addresses are classified below.

The three classes shall receive benefits in numerical order and no person in a succeeding class shall receive benefits unless all persons in the preceding class or classes shall have died before the E. I. P.

If there be more than one person in a class who shall survive the E. I. P. they shall receive benefits equally, unless said E. I. P. shall otherwise indicate below:

NAME

PERMANENT HOME ADDRESS

Class I

Class II

Class III

Executed in duplicate this _____ day of _____ 19 _____

DENNISON MANUFACTURING COMPANY

By _____

Employee Industrial Partner

FORM 89. A PROFIT-SHARING CONTRACT—OBVERSE

Employee Industrial Partnership Plan

(1) EMPLOYEES' INDUSTRIAL PARTNERSHIP FUND.

Each year the Board of Directors of the Denison Mfg. Company, shall set aside as extra remuneration a fund, to be known as the "Employees' Industrial Partnership Fund," which shall not exceed one-half of what is distributed as extra remuneration to Principal Employees, hereinafter called "Managerial Industrial Partners."

(2) EMPLOYEE INDUSTRIAL PARTNERS.

Every employee of the Denison Mfg. Company, or its subsidiaries, on the first day of any calendar year,

- a. Who has completed at least two years of CONTINUOUS full time service with the Company,
- b. Who is eighteen years of age or over,
- c. Who is not receiving extra remuneration as a Managerial Industrial Partner,

d. Whose name is placed upon the list of Employee Industrial Partners before February 1st of any year by the Committee on Operation.

e. Who conforms to all rules made jointly by the General Works Committee and the Company not inconsistent with this Plan, and in other respects conforms to the provisions of this Plan and contract,

f. And who has contracted in writing with this Company for extra remuneration,

shall be, and continue as, an Employee Industrial Partner of the Denison Mfg. Company so long as he continues to fulfill the above conditions and until he resigns or is discharged from the employ of the Company when his rights as an Employee Industrial Partner shall thereupon be suspended. If he subsequently returns to the employ of the Company his rights as an Employee Industrial Partner shall be restored as soon as he has completed on the first day of any year after his return one year of CONTINUOUS full time service with the Company.

Employee Industrial Partners, like other employees, shall at all times be subject to the rules, discipline, and discharge of the Company.

(3) BASIS OF DISTRIBUTION OF EMPLOYEES' INDUSTRIAL PARTNERSHIP FUND.

The Employees' Industrial Partnership Fund of any year shall by March 15th of the following year, be distributed among the employees who were Employee Industrial Partners on January 1st of the year for which distribution is made. All such Employee Industrial Partners shall be classified into six groups on the basis of length of ACCUMULATED full time service as indicated in the following table. The individual members of each group who have worked the full year shall each receive the same sum, which shall bear the ratio to the same received by the individual members of each of the other groups, that are also indicated in the following table.

Group	Term of Full-time Service on Jan. 1st of the year for which distribution is made.	Index numbers or "points" indicating relative amounts received by the individual members of each of the several groups.
1	Less than 5 years	10 points
2	5 years to 10 years	12 points
3	10 years to 15 years	15 points
4	15 years to 20 years	18 points
5	20 years to 25 years	21 points
6	25 years and over	24 points

No Employee Industrial Partner shall participate in the distribution of any year unless he has completed at least six months of full-time service in that year. If he has worked over six months but less than one year, he shall receive a share proportionate to the number of full months worked.

Any Employee Industrial Partner who leaves the employ of the Company after six months service, but before the end of the year, shall be given a statement indicating the number of months of service for which he is entitled to share, and his share shall be sent to him at his last known address, or if he shall have died, to his beneficiaries as designated in (6) of this contract.

The funds distributed are a special remuneration for extra efforts, saving of waste, and whole-hearted co-operation, and the fact that this special remuneration is paid the employees shall not be considered in determining regular wage rates.

(5) COMPUTATION OF LENGTH OF SERVICE.

Length of full time service shall be computed as follows:

a. Holidays, vacations not exceeding two weeks in one year, temporary absences not exceeding the rate of 12 working days* in one year, lay-offs of less than one week in duration, and absences of less than one working day shall not be deducted from length of service, but all other absences from work shall be deducted.

b. The service of home workers and such other employees as do not normally work the full standard hours of their particular class of work shall not be counted.

c. Time shall be computed and carried over from year to year in full months only (and for this purpose a month shall be considered as having 25 working days), and any fraction of a month remaining at the end of a year shall be disregarded.

*Note: For the year 1920 each 30 hours of absence in any week shall be reckoned as absence for one working day.

d. Only absences which constitute resignation or discharge shall be considered as interrupting CONTINUOUS service.

e. In computing ACCUMULATED service after 1920, the service of any Employee Industrial Partner, prior to the day on which he becomes an Employee Industrial Partner, even though more than two years, shall be counted as two years and no more, and the service of an Employee Industrial Partner whose rights have been suspended, between the date of suspension and the day on which his rights as an Employee Industrial Partner were restored, even though more than one year, shall be counted as one year and no more.

f. In determining length of CONTINUOUS or ACCUMULATED service in years prior to 1920 the lengths of service used for the purpose of distributing the 75th Anniversary Fund shall be employed and shall not be subject to amendment.

(6) FORM OF DISTRIBUTION OF EMPLOYEES' INDUSTRIAL PARTNERSHIP FUND.

This Fund shall be distributed to the E. I. P. as Employee Industrial Partnership certificates or stock as provided below (with a cash payment in adjustment of any amount remaining due to any such E. I. P. of less than ten dollars).

Until January 1, 1925, or so long as the Plan shall be regarded by the Directors of the Company as experimental, the distribution shall be made in E. I. P. certificates of ten dollars par value and shall bear interest at the same rate that dividends are paid on Managerial Industrial Partnership stock during the same year.

If and when the Plan shall become the permanent policy of the Company, the Company may issue instead of and in exchange for the Employees' Industrial Partnership certificates, a new form of stock to be known as Employees' Industrial Partnership stock. This stock shall be non-voting, shall have a par value of ten dollars a share and the Company shall pay dividends thereon at the same rate that dividends are paid on Managerial Industrial Partnership stock during the same year.

These certificates or stock shall be non-transferable and non-assignable.

(7) E. I. P. CERTIFICATES OR STOCK VOID AFTER RESIGNATION, DISCHARGE OR DEATH OF E. I. P.

Whenever a holder of E. I. P. certificates or stock resigns or is discharged from the employ of the Company (whether he receives a pension or otherwise) or dies, or this Plan is terminated, his right to interest on his certificates or dividends upon his stock shall cease from the last previous interest or dividend payment, and his certificates or stock shall at once become null and void and shall become E. I. P. legal representative or any person having possession of said void certificates or shares shall surrender them up forthwith to the Company. The Company shall, at its option, redeem at once in cash or issue shares of Second Preferred stock of the same par value as the total of such E. I. P. certificates or E. I. P. stock in the names of the beneficiaries designated on the first page of this contract, together with payments in cash to him or them for any remainder of said certificates or E. I. P. stock not exceeding nine, at par, and in adjustment for dividends on these shares of Second Preferred stock beginning at the date of the last interest or dividend payment on his E. I. P. certificates or stock.

(8) AN E. I. P. BECOMING AN M. I. P.

If the name of an E. I. P. shall at any time be placed upon the list of "Managerial Industrial Partners" he shall retain any certificates or stock which he may have acquired as an E. I. P., but his name shall be removed from the list of Employee Industrial Partners, and he shall not be entitled to share in the distribution of the Employees' Industrial Partnership Fund after his name has been placed on and so long as it remains on, the M. I. P. list.

(9) CONTRACTS FOR EXTRA REMUNERATION.

Each E. I. P. shall sign a contract for extra remuneration in the form approved by the Directors of the Company. The beneficiaries, however, may be changed by an E. I. P. at any time by bringing in his contract and having endorsed thereon and assented to by the Company, the change of beneficiaries which he wishes.

(10) COMMITTEE ON OPERATION.

The Chairman of the General Works Committee and the Chairman of the Central Committee, ex-officio, shall be a Committee on Operation for the Employees' Industrial Partnership Plan. It shall be the duty of this committee to investigate the operation of this Plan for the purpose of determining whether it is being carried out in every particular, and to report annually to the General Works Committee concerning its operation. To this end, the Committee on Operation shall at all times have power to inspect the books and records of the Company, but not to compel any accounting by the Company. No other Employee Industrial Partner, however, shall have this right of inspection or any right to an accounting by virtue of his contract for extra remuneration, or otherwise.

It shall also be the duty of this Committee to prepare according to the provisions of this Plan the list of Denison Employee Industrial Partners for each year, designating the group to which each employee belongs. In case any employee is not satisfied with his position in this list or feels that he is unjustly excluded, he may take his case up directly with the Committee on Operation, which shall reconsider his case. For the purpose of such reconsideration, but for no other purposes, the President of the Company, shall, ex-officio, be a member of the Committee on Operation. The decision of this Committee upon any such reconsidered case shall be final and not subject to alteration by the General Works Committee or the Company.

FORM 89. REVERSE

Sears, Roebuck and Co.

Employees' Savings and Profit Sharing Pension Fund

December 31, 1918

Appended herewith is a statement of your account, showing the amount of money with which you have been credited this year and also the number of shares of Sears, Roebuck and Co. common capital stock in which all your money has been invested.

JULIUS ROSENWALD,
ALBERT H. LOEB,
O. C. DOERING,
JOHN H. MULLEN,
MRS. A. RUDD BROOKER,
Trustees.

Balance December 31, 1917					5	920	1000	shares
Earnings for 1918	\$	1	29	41				
Savings for 1918		1	50	00	4	987	1000	
Company's Contribution for 1918 (\$3.26 per \$1.00 savings)		4	89	00				
Balance December 31, 1918					10	977	1000	shares

The total amount to your credit is invested in and represented by the number of shares of Sears, Roebuck and Co. common capital stock shown above.

The total savings deposited by you since you joined the Fund amount to \$ 375.00, and are included in the balance shown.

FORM 90. REPORT TO EMPLOYEE OF PROFITS DISTRIBUTED

Class B

Certificate No. _____
Registered _____
Carded _____

APPLICATION FOR MEMBERSHIP IN
EMPLOYEE'S BENEFIT ASSOCIATION

Name of Company _____
Employed at _____ Occupation _____ Date entered Service _____
Check No. _____ Dept. _____ Nationality _____
To the Superintendent of Employees' Benefit Association, _____ Company:
I, _____, being _____ years of age, and residing at

No. _____ Christian name in full _____
Street in the City of _____, in the
County of _____ and (State _____) of _____, now employed by
(Province) _____
the above named Company do hereby apply for membership (Class B) in said Employees' Benefit Association, and agree to be bound by the regulations of said Association, a copy of which has been by me received, and by any other regulations of said Benefit Association hereafter adopted and in force during my membership.

I also agree, request and direct that said Company, by its proper agents, and in the manner provided for in such rules, shall, during the continuance of my employment, apply as a voluntary contribution from any wages earned by me under said employment, one and one-half (1½) per cent of my wages, for the purpose of securing the benefits provided in the regulations for a member of Class B of said Association.

Unless I shall hereafter otherwise designate in writing, with the approval of the Superintendent of the Benefit Association, death benefits shall be payable to my wife (husband), if I am married at the time of my death; or if I have no wife (husband) living, then to my children, collectively, each to be entitled to an equal share, including as entitled to the parent's share the children of any dead child; or if there be no children or children's children living, then to _____ if living, and if not living, to my father and mother jointly, or the survivor; or if neither be living, then to my next of kin, payment in behalf of such next of kin to be made to my legal representative; or, if there be no such next of kin, of if proper claim is not made to the Superintendent within one year from the date of my death, the death benefit shall lapse, and the amount thereof shall become and remain a part of the Benefit Fund.

I also agree, for myself and those claiming through me, to be governed by the regulations providing for final and conclusive settlement of all claims for benefits, or controversies of whatever nature, by reference to the Superintendent of the Benefit Association, and an appeal from his decision to the Board of Trustees.

I also agree that any untrue or fraudulent statement made by me to the Medical Examiner, or any concealment of facts in this application, or any attempt on my part to defraud or impose upon said Benefit Association, or my resigning from or leaving the service of said _____ Company, or my being relieved or discharged therefrom, shall forfeit my membership in the said Benefit Association, and all rights, benefits and equities arising therefrom, except that such termination of my employment shall not (in the absence of any of the other foregoing causes of forfeiture) deprive me of any benefits to the payment of which I may be entitled by reason of disability beginning and reported before and continuing without interruption to and after such termination of my employment, nor the right to continue my membership in respect of death benefit only, as provided in said rules.

I certify that I am correct and temperate in my habits; that, so far as I know, I am now in good health, and have no injury or disease, constitutional or otherwise, except as shown in the accompanying statement made by me to the Medical Examiner, which statement shall constitute a part of this application.

In witness whereof, I have signed my name hereto at _____
(State _____)
in the County of _____ of _____

this _____ day of _____, A.D. 19____, the membership issued under this application to take effect on such date as may be designated by said Superintendent, if I shall be at work for the Company on that date. If not at work on that date, then on such future date as may be designated by said Superintendent, provided I pass a new medical examination if the said Superintendent requires one.

Witness _____ Signature of Applicant—Christian name in full _____

The foregoing application is approved at the office of the Superintendent of the Employees' Benefit Association, _____ Company, at _____, this _____ day of _____, A.D. 19____; to take effect the _____ day of _____, A.D. 19____.

Superintendent of Employees' Benefit Association

FORM 91. APPLICATION FOR MEMBERSHIP IN AN EMPLOYEES' BENEFIT ASSOCIATION

(The information called for on the reverse side of this form is similar to that called for by an ordinary insurance policy.)

NOTICE OF DISABILITY

To be used by a member in notifying the Relief Department in case of sickness on or off duty, or of accident off duty

Place and Date _____ 19__

To Supt. of Relief Dept: _____

Member _____ Sec. _____ Check _____
 Dept. _____ Pass No. _____

Class _____ living at No. _____ Street _____
 Place _____ is disabled on account of _____

which occurred at _____ A.M. _____ 19__ and was first known to me
 _____ P.M. _____ 19__ First day wages not paid _____ 19__
 Dr. _____ at _____

Remarks _____
 Calls _____

Head of Dept. _____

FORM 92. NOTICE OF WORKMAN'S DISABILITY FOR RELIEF DEPARTMENT

STATEMENT

TO _____ the Employer,
 in connection with Group Insurance Policy issued or to be issued on lives of Employees by
THE EQUITABLE LIFE ASSURANCE SOCIETY OF THE UNITED STATES
 Employee's name in full (*print*) _____
 My residence is No. _____ Street, _____ City or Town, _____ State.
 My place of business is No. _____ Street, _____ City or Town, _____ State.
 My particular duty is that of _____

Date of Birth		Age at Nearest Birthday	Sex		Entered Employment			Amount
			Male	Female	Year	Month	Day	
Year	Month	Day						\$ _____

BENEFICIARY,
 with right to change reserved
 as stated in policy.

Full name of beneficiary (*print*) _____ Relationship to Employee _____
 Beneficiary's address if other than that of Employee _____

It is expressly understood and agreed that all liability and obligation under the aforesaid policy, if issued, shall cease and determine immediately upon the termination of my employment with my employer, as named above.

Dated at _____ On _____ 192__

Approved: _____
 By _____
 (Official Title) (Signature of Employer) (Signature of Employee)

DO NOT WRITE BELOW THIS LINE

EFFECT. DATE	AMOUNT	CERTIFICATE		RECORD	
		W.	C.	W.	C.

FORM 93. EMPLOYEE'S STATEMENT IN CONNECTION WITH A GROUP
 INSURANCE PLAN

VII. STATISTICAL REPORTS FOR MANAGERIAL USE

INTRODUCTORY NOTE

Some of the exhibits already shown¹ have illustrated report forms in common use for presenting and tabulating some special types of employment data. For effective administration, especially in a large business, however, the management will need a series of comparative statistical summaries of the operations of the personnel department covering all possible information which will help to throw light on the efficiency with which the business is being conducted and on its needs and possible difficulties in the future. The personnel manager will need them for immediate administrative purposes, the general manager will need most of them to enable him to judge how well the personnel department is performing its duties and to assist him in correlating personnel activities with the other activities of the business. In many of these reports, also, the production manager will have a vital interest, as it is with the activities of his department, typically, that employment functions are most closely allied. Other officials will need some of them where their interests are particularly affected. It need hardly be added that the personnel manager cannot perform his task effectively without receiving in return and studying carefully reports from the other departments of the business, especially those that reflect the trend of production, sales, and the financial condition of the firm.

The chart on pages 12 and 13 suggests a possible statistical organization for a personnel department, showing the relation which a series of reports might bear to many of the forms illustrated in the preceding pages, and the original sources of information from which the data would come. The organization shown is, of course, more elaborate than the majority of businesses would need or would be able to support, although it represents in general outline the scheme which may be found in many of the larger American and English corporations. The scope of the statistical work which will be indulged in in any given case will be governed mainly by the question of cost. This does not, however, affect the main point that decisions on personnel problems in any business, however small, will demand at one

¹ For example, Forms 25, 28, 36, 37, 38, 41, 44, 67, 68, 69, 70, 83, and 87.

time or another a knowledge of all the facts suggested in the chart presented, and the more accurate the facts and the more careful the analysis of them, the greater the chance of a wise decision.

The reports scheduled may be presented separately or combined in a variety of ways, the governing considerations being simplicity clearness, and suggestiveness. Forms 96, 97, and 98 following show a method of combining part or all the information called for by Schedules¹ 2, 4, and 5 in one graphic chart. Graphic methods will in many cases be found the most effective in other schedules as well as these.

In case tabulations are to be used, two examples should be sufficient to illustrate the form necessary and to enable the student to work out for himself a series adequate for a particular case.

Schedules 3 and 8, for instance, might be presented on forms with the following columnar headings:

SCHEDULE 3: ESTIMATED VS. ACTUAL REQUIREMENTS

1. Department or Job
2. Estimated Requirements
3. Actual Requirements
4. Ratio Estimated to Actual
5. Supplied
6. Shortage
7. Estimated Last Month
8. Actual Last Month
9. Ratio Estimated to Actual Last Month
10. Ratio Actual This Month to Actual Last Month
11. Comments

(Might include comparison with same month last year and summary for quarter)

SCHEDULE 8: COMPARATIVE SUMMARY² OF LOST TIME DUE TO ILLNESS AND ACCIDENTS

1. Department
2. Number Accidents (might be divided into (a) Serious; (b) Slight)
3. Last Quarter
4. Percentage Change
5. Same Quarter Last Year
6. Percentage Change
7. Amount of Lost Time (Same Comparisons)
8. Cost (Same Comparisons)
9. Comments

¹ Schedule numbers refer to chart on pages 12 and 13.

² See Forms 67 and 68 for more elaborate analysis of accident data. It may or may not be expedient to include more detail in summaries for major executives.

Of the forms in this section not already mentioned, Forms 94 and 95 suggest methods of presenting turnover figures, Form 99 is a follow-up report to the head of a department giving him the results of the turnover record for his department, and the remaining forms suggest methods of presenting the results of various kinds of special studies.

DEPARTMENT (OR WHOLE PLANT)		FOUR-WEEK PERIODS		YEAR BEGINNING 19																																																			
				LENGTH OF EMPLOYMENT OF LEAVERS (ANNUAL)																																																			
				DAYS													WEEKS													MONTHS													YEARS												
				1	2	3	4	5	6	7	8	9	10	11	12	Total	1	2	3	4	5	6	7	8	9	10	11	12	13	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20						
I. Average Normal Force for Month																																																							
II. Number Hired to Replace Losses																																																							
III. Number Hired to Increase Force																																																							
IV. Number Hired for Temporary Work																																																							
V. Number Transferred from Other Departments																																																							
VI. Total Hires																																																							
Reasons for Leaving																																																							
Death																																																							
Marriage																																																							
Moved Away																																																							
Unpreventable Sickness																																																							
Better Position																																																							
Returning to School																																																							
Other Unavoidable Causes																																																							
VII. Total Unavoidable																																																							
Accidents																																																							
Nature of Work																																																							
Dissatisfaction with Wages																																																							
Drunkenness																																																							
Irregular Attendance																																																							
Laziness																																																							
Not Adapted to Work																																																							
Occupational Sickness																																																							
Other Avoidable Causes																																																							
VIII. Total Avoidable Causes																																																							
IX. Those from VIII Discharged																																																							
X. Those from VIII Laid Off																																																							
XI. Total Leaving																																																							
		XI + I = % total turnover.																																																					

Labor Turnover

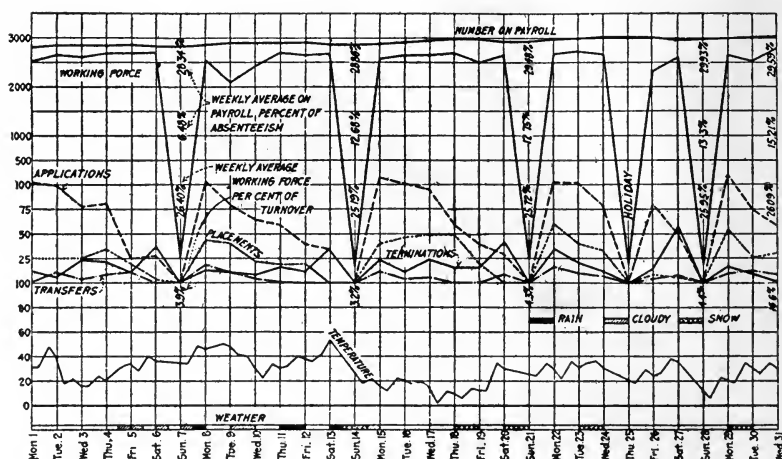
YEAR	ITEM	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total
1915	Number Working (Average).....	....	....	....	3647	3731	3727	3710	3793	3950	3832	3693	3695	3753
	Number of Separations.....	....	....	....	478	450	321	296	213	178	113	144	102	2295
	Number of Hires.....	....	....	....	450	535	315	279	296	334	38	4	107	2358
	% Turnover .....	....	....	....	13.1	12.06	8.61	7.98	5.62	4.51	2.9	3.9	2.76	61+
1916	Number Working (Average).....	3577	3503	3079	2995	3094	3336	3712	3955	3883	3865	3694	3778	3536
	Number of Separations.....	204	125	465	203	195	183	266	341	334	243	205	143	2907
	Number of Hires.....	86	51	41	119	294	425	642	564	232	228	48	227	3007
	% Turnover	5.7	3.57	15.1	6.78	6.4	5.49	7.17	8.62	8.6	6.29	5.55	3.78	82+
1917	Number Working (Average).....	3922	3964	4045	4177	4315	4329	4303	4326	4324	4379	4407	4511	4256
	Number of Separations.....	206	271	263	298	291	281	268	316	398	234	190	131	3147
	Number of Hires.....	350	213	344	442	420	295	322	329	326	299	218	234	3731
	% Turnover	5.25	6.84	6.5	7.13	6.74	6.49	6.23	7.19	9.2	5.34	4.31	2.9	74
1918	Number of Working (Average).....	4650	4653	4720	4697	4685	4732	4869	4918	5025	5229	5186	5153	4876
	Number of Separations.....	121	127	237	391	359	264	264	345	295	292	220	128	3043
	Number of Hires.....	261	131	303	367	347	340	401	463	402	496	178	95	3784
	% Turnover	2.6	2.73	5.02	8.32	7.66	5.58	5.42	7.01	5.87	5.58	4.24	2.48	62+
1919	Number Working (Average).....	5143	5123	5091	5043	5166	5417	5574	5663	5773	5823	5823	5804	5468
	Number of Separations.....	90	63	98	82	137	140	111	147	153	133	95	89	1339
	Number of Hires.....	68	48	49	63	409	303	251	232	261	141	104	92	2021
	% Turnover	1.75	1.23	1.93	1.63	2.65	2.58	2.00	2.60	2.65	2.28	1.63	1.72	24.5

FORM 95. A METHOD OF PRESENTING COMPARATIVE TURNOVER STATISTICS

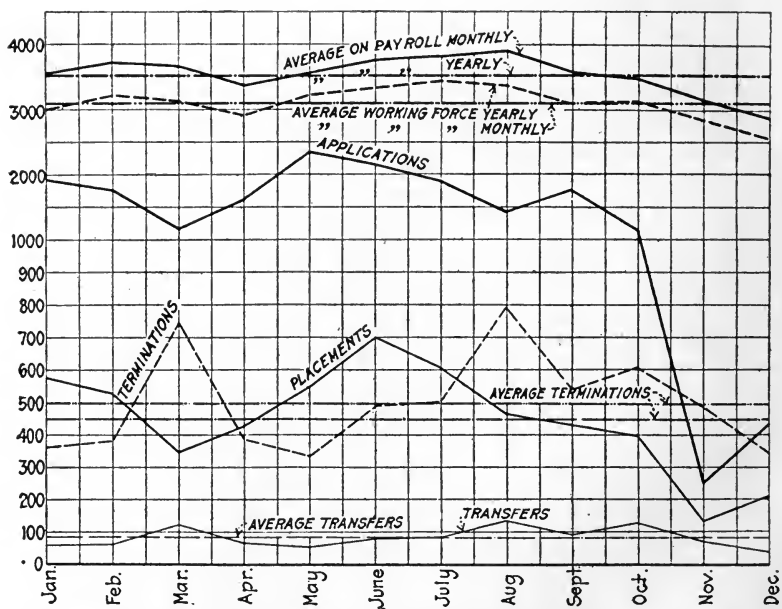
DATE			DEPARTMENTAL CHANGES												
	DEPARTMENT	TRADE	HIRED						TRANSFERRED						
			ADMINISTRATIVE		SUPERVISORY		PRODUCTIVE		IN			OUT			
			EXECUTIVES CLERKS DRAFTSMEN WATCHMEN	FOREMEN QUARTER- MEN YARD CLERKS	MECHANICS	HELPERS	EXECUTIVES CLERKS DRAFTSMEN WATCHMEN	FOREMEN QUARTER- MEN YARD CLERKS	MECHANICS	HELPERS	EXECUTIVES CLERKS DRAFTSMEN WATCHMEN	FOREMEN QUARTER- MEN YARD CLERKS	MECHANICS		
	A-AC	Accounting													
	PR	Production													
	PU	Purchasing													
	EM	Employment													
	YD	Supt. Office													
	YD	Foremen													
	B	Blacksmiths													
	C	Carpenters													
		Wood Caulkers													
		Stage Builders													
	DH	Draftsmen and Tracers													
		Clerks—Steno.—B. P. Boys													
	DE	Draftsmen													
	DM	Draftsmen and Tracers													
		Clerks and Stenographers													
	E	Electricians													
		Elec. Welders													
		Wiremen													
		Machinists													
	F	Pipefitters													
		Coppersmiths													
	H	Patternmakers													
	J	Joiners													
		Machine Men													
	K	Engineers (Stationary)													
		Firemen (P. H.)													
		Engineers (Crane)													
		Firemen (Crane)													
		Erectors (Marine)													
		Hoist Operators													
	M	Machinists													
	ML	Loftsmen													
		Joiners													
		Template Makers													
	N	Storekeepers													
		Stock Clerks													
		Clerks and Stenographer													
		Chauffeurs													
		Laborers													
	P	Painters													
		Painters (Bit)													
	PG	Plant Guards													
	Q	Laborers													
	R	Riggers													
		Watchmen													
		Marine-Erectors													
		Erectors													
	SA	Steel Checkers													
	SB	Anglesmiths													
		Furnacemen													
	SC	Fitters													

LABOR REPORT

96. LABOR REPORT SHOWING DAILY ACTIVITIES
 permission from "Visualizing Employment Records," by W. S.
 ent Manager of the Newburgh Shipyards, in *Industrial Manage-*
 20.)



Form 97. A GRAPHICAL PRESENTATION OF THE DATA SHOWN IN FORM 96



Form 98. AN ANNUAL GRAPHICAL SUMMARY OF THE SAME INFORMATION
(Taken by permission from same source as Form 96)

HLB.....No.

Mr.....

The following is the turnover report for your dept.
taken from our monthly report for.....

REASONS FOR LEAVING

Wages.....
Job.....
Hours.....
Physical.....
Social.....
Prospective advancement.....
Accident or ill-health previous to employment here.....
Occupational accident or ill-health since employment here.....
Non-occupational accident or ill-health since employment here.....
Unknown ill-health.....
Not physically adapted for the job.....
Mistaken placement in other respect.....
Inefficiency.....
Unreliability.....
Misconduct.....
Suspended.....
Departmental fluctuation.....
Temporarily employed, or leave of absence.....
Unstable.....
Job undesirable for purely personal reason.....
Preferable position, perhaps without regard to wages.....
Distance.....
Other personal reason: marriage, removal, relatives, home cares, rest, education, etc.....
Unknown.....
Transferred out.....
TOTAL.....

FORM 99. FOLLOW-UP REPORT OF TURNOVER TO HEAD OF DEPARTMENT
CONCERNED

Special Fund for Twelve Months, 1919

Average Employees, including General Office—5,950

December Estimated

	Average Cost Per Man				
	Year	Month	Week	Day	
1—TOTAL EXPENDITURES OF SPECIAL FUND	\$191,689.27	\$32.22	\$2.688	.6406	.1131
2—EXPENSES NECESSARY TO COMPLY WITH COMPENSATION LAW					
SURGICAL—Doctors, Nurses and Expenses	47,294.29	7.95	.66	.16	.03
Compensation Paid Employees...	5,976.22	1.00	.08	.02	.003
TOTAL NECESSARY EXPENSE	53,270.51	8.95	.74	.18	.033
3—EXPENSES WHICH ARE A DIRECT SAVING TO EMPLOYEES					
Loss on Factory Kitchen and Restaurant	66,860.77	11.24	.94	.22	.04
Paid Employees for time lost in Jury Service	4,153.95	.70	.06	.014	.002
Benefit Society Donations	5,231.35	.88	.07	.017	.003
TOTAL SAVING EXPENSE.....	76,246.07	12.82	1.07	.251	.045
4—EXPENSES WHICH RENDER SPECIAL SERVICE TO EMPLOYEES					
Medical Service, Doctors, nurses and Expense	17,661.67	2.97	.25	.06	.01
Amusement Fund—Choral Society, Band and Orchestra ...	2,800.00	.47	.04	.01	.002
Baseball	1,900.00	.32	.03	.006	.001
Dances	153.75	.03	.003	.0006	.0001
White Book Publications	23,392.45	3.93	.33	.08	.013
Education and Library	5,353.29	.90	.075	.018	.003
Information Bureau and Industrial Service	10,911.53,	1.83	.15	.035	.006
TOTAL SERVICE EXPENSE	62,172.69	10.45	.878	.2096	.0351
12-28-1919					

NOTE—This estimate is made on the basis of an increase of force up to 7,890 men, which will actually lower the cost per man to these figures. It is also made on a basis of 395 working days a year, and allowing for a man it will show the following figures:

ESTIMATED TOTAL EXPENDITURES OF SPECIAL FUND, 1920....\$210,000.00 \$30.00 \$2.50 .59 .10

Special Fund

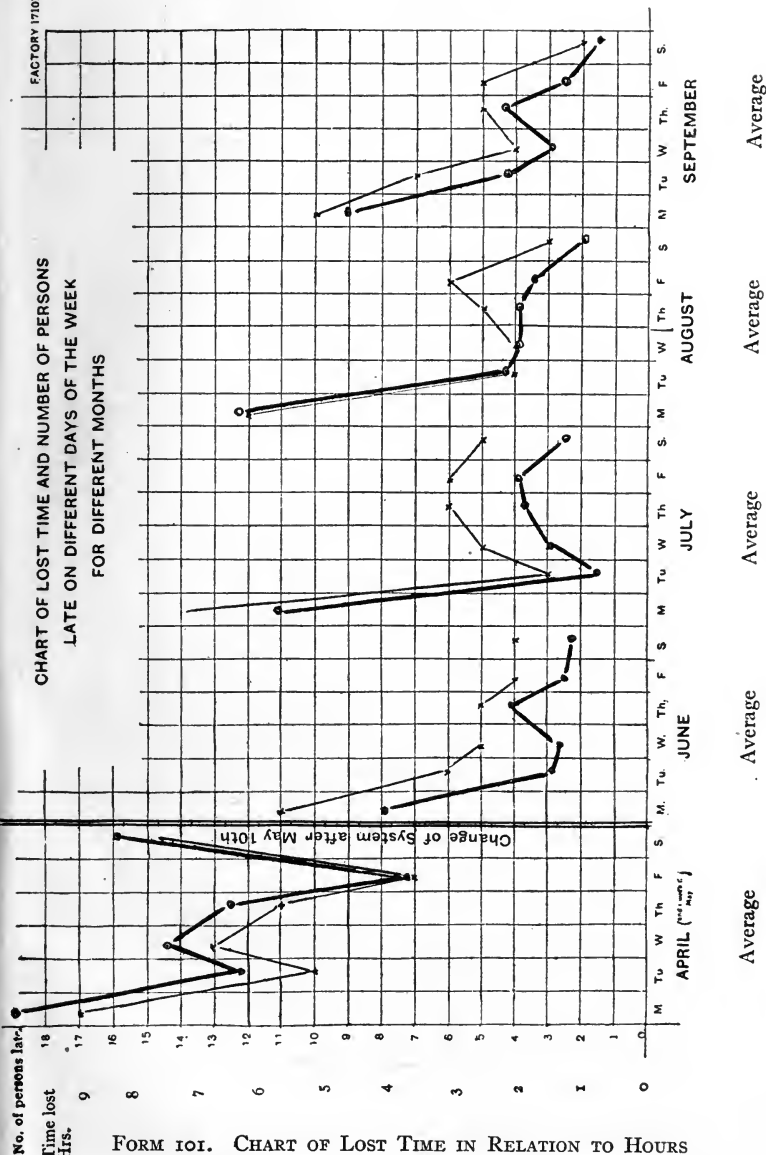
The chart reproduced on this page detailing the expenditures of the Special Fund set aside from production for the conduct of such activities as seem necessary or a good investment is self-explanatory.

The expense of the surgical department was unavoidable under State law, even if it had not seemed desirable, and it is believed that the remaining items, all of which have received the endorsement of the majority of employees, are fulfilling their purpose of making more efficient workmen and better citizens of the employees, and so directly effecting an increase in productivity of the factory.

The management is very much opposed to having this service considered as "Welfare Work," because it is paid for directly by the production of the employees to whom it is accorded, and is in no wise the gift of a loving parent to his children. The total expense per man, however, as shown, under twelve cents a day, is much less than the individual could procure the same service for elsewhere. The elimination of the Factory Kitchen alone would probably cost the twelve cents extra outside, as a man can buy food more cheaply now in the factory than at home.

In addition, it is likely that without this service production would be hampered to such an extent that the entire amount saved could not be put into the pay envelope.

CHART OF LOST TIME AND NUMBER OF PERSONS
LATE ON DIFFERENT DAYS OF THE WEEK
FOR DIFFERENT MONTHS

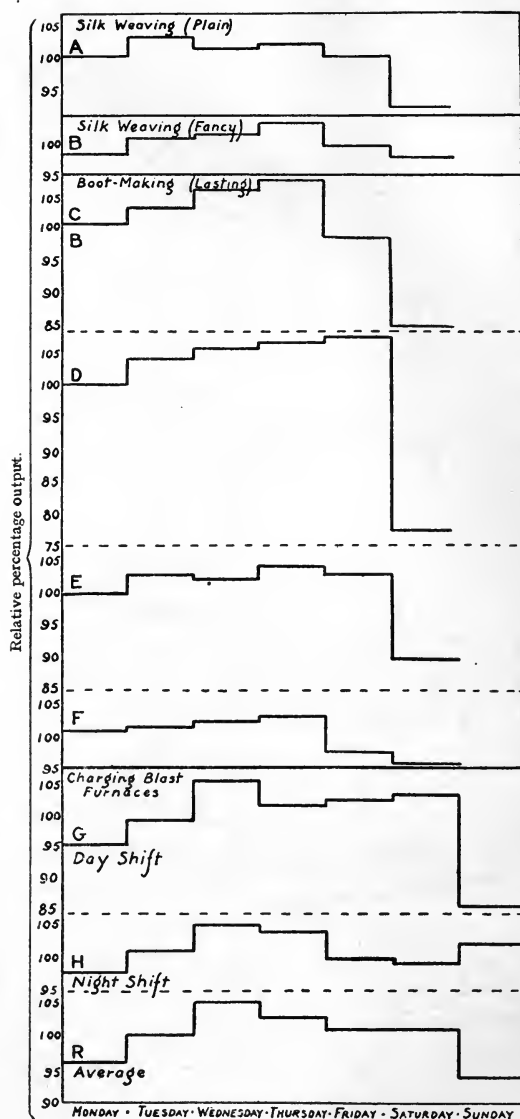


Heavy line = time lost in hours. Light line = number of persons late.

FORM 101. CHART OF LOST TIME IN RELATION TO HOURS

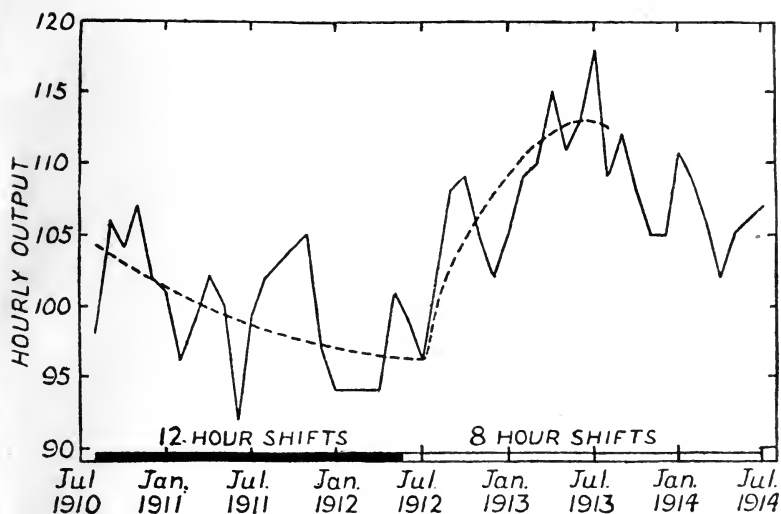
A Graphical Record of the Results on Lost Time of a Change of Hours from $56\frac{3}{4}$ to $50\frac{3}{4}$ per week.

(Taken by permission from "Time Lost in Industry," a bulletin issued by the College of Technology, Manchester, England, prepared by A. F. Stanley Kent, M.A.D.Sc., Oxon., Director of the Department of Industrial Administration.)



FORM 102. A GRAPHICAL RECORD OF OUTPUT IN DIFFERENT INDUSTRIES AS AFFECTED BY HOURS AND FATIGUE

(Taken from the *Second Annual Report of the Industrial Fatigue Research Board* [British Government Report], September 30, 1921.)



FORM 103. A GRAPHICAL RECORD OF HOURLY OUTPUT UNDER A TWELVE-HOUR SHIFT AS COMPARED WITH AN EIGHT-HOUR SHIFT
(Taken from same source as Form 102)

QUESTIONS ON SECTIONS VII AND I

1. Can you see any differences between Charts 1 and 2 (Section I) as to functions? as to provision for planning? as to responsibility and authority? Are these differences essential or only superficial? Why?
2. Draw up an organization chart for a personnel department for a plant employing one hundred men. Draw up an organization chart for the plant as a whole, showing where you would put the personnel department in it.
3. Draw up a scheme of reports for the same plant. How many of the schedules shown in Chart 4 would be needed? What records would be needed?
4. Criticize the form of organization indicated in Chart 3.
5. Draw a chart showing the organization of a personnel department for a corporation with a central office and two large manufacturing plants, the plants being in different but nearby towns. Show relation personnel manager and his staff should bear (*a*) to vice-president in charge of production, (*b*) to the works managers in the individual plants.
6. Suggest additional reports which might be included among the schedules shown in Chart 4.
7. Draft forms for Schedules 2, 5, 9, 12. Include any modifications you think useful.
8. What are the uses of Form 95? Can you suggest other matters on which similar follow-ups might be used?
9. Trace each of the items in Form 97 to its source, indicating procedure by which it would be collected. What do you think of the summary method of presenting data suggested by Forms 97-99 as against a series of simpler reports? How judge?
10. Suggest several uses for an analysis such as that given in Form 100. Other things it might include?
11. Outline the procedure involved in preparing a labor budget.

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